



29 September 2001



**SPGC settles
for 3.7pc but
clawback rises**

**Blears says no
contract talks
before 2002**

**Pharmacy plan
for Scotland
expected soon**

**Patient power
endorsed by
Davies at BPC**

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RPSGB president Marshall Davies (left) firmly aligns the Society with the Government's policies for the NHS as the BPC gets underway in Glasgow this week.

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SPGC settles for 3.7pc for 2001-02

The Scottish pay settlement for pharmacy contractors has been agreed for 2001-02 with a 3.7 per cent increase in the global sum.

Additional money will also be made available for pharmacy improvement schemes, but a generic discount clawback of 13.25 per cent will kick in from October 1 (see right).

Scottish Pharmaceutical General Council chairman Frank Owens said on Tuesday that negotiations had been tough and prolonged. The SPGC had rejected two early offers which failed to recognise increases in prescription volume.

"As far as we are aware, volume is not as high as in England, but is still running at 3.5 per cent. Even a reasonable increase in the global sum would be absorbed by the volume increase," he explained. "We cannot continue to cover such increases year on year. It's unsustainable."

The SPGC is "extremely concerned" about the difficulties facing contractor pharmacists. "In discussions with the Scottish Executive about modernising the pharmacy contract, you may be certain that we will be stressing the need for sufficient funds if we are to maintain the existing supply

system and introduce new services."

Mr Owens has welcomed the opportunities presented in health minister Susan's Deacon's address (see p9). "Pharmacy is more than capable of delivering those extended roles," he said. "We will aim to be flexible, but I must stress this point: we will need resources to deliver this agenda safely and effectively."

As for the core services, SPGC remained "resolute" that increasing demand for core services must be recognised in any new system.

Mr Owens expected the forthcoming pharmacy strategy for Scotland to be extremely ambitious. "It will not be delivered overnight," he warned.

The SPGC is in discussion with the Scottish Executive Health Department for the introduction from April 1, 2002, of a compliance initiative.

With discussions still at an early stage, a "relatively modest" sum may be made available to target compliance issues involving a tightly defined group of "at risk" patients.

The pharmacy side has also agreed to talk to the Department about updating the pharmacy

contract. There are ongoing talks about setting up a scheme to allow pharmacies to supply pre-payment certificates.

This winter, the Scottish Executive has agreed that community pharmacists will be paid for supplying flu vaccines, with last year's price of £3.99 forming the base price, but with an increase to recognise the higher costs of supplying to a larger part of the elderly population. This means the on cost element is increased to 14 per cent.

Any additional costs arising from the direct supply of a medicines pilot in Arbroath will be added to the global sum.

Additional money will be available for the model scheme facilitation unit announced by the Scottish health minister, Susan Deacon. The unit will work with the Boards and Trusts to facilitate and accelerate the rollout of pharmaceutical care schemes.

A sum of £500,000 will be made available to improve premises, particularly in setting up consultation areas. This is a similar sum to last year.

For more information:

E-mail: enquiries@spgc.org.uk
Tel: 0131 467 7766.

SCOTLAND

October start for generic clawback in Scotland

A generic clawback of 13.25 per cent is to be applied to prescriptions dispensed from April 2001 by Scottish contractors.

It will apply to the total amount reimbursed for Part 7 items (of the Scottish Drug Tariff), except those items classed as zero discount.

The existing protocol for the calculation of Part 7 prices will be retained "for the time being" since debate about the supply of generics following the Oxera report is still ongoing.

PSD will apply the clawback for the first time on October prescriptions. For scripts already dispensed between April and September, it will calculate a retrospective adjustment on an individual basis.

This sum will be recovered over an 18 month period, the first instalment of which will be deducted in January 2002, the final month of the current proprietary drug clawback.

The Scottish Executive has also announced simultaneous enquiries into generic and proprietary discounts from April 2002. The last generics discount enquiry was in November 2000.

The SPGC has supported the system of statutory maximum pricing, pending the conclusions of the consultation paper on the future supply arrangements.

Key points

- The global sum for 2001-02 is up 3.7 per cent to £83.614m, based on a projected growth in script volume of 3.5 per cent.
- If the script volume increase is between 2.9 and 4.1 per cent there will be no retrospective adjustment to the global sum.
- The standard dispensing fee will increase to 94.6p per item.
- The Pharmaceutical Services Directorate will implement the new fee for October scripts. Back payments for April to September will be made as soon as possible.
- All other fees and allowances remain unchanged.
- £750,000 from the global sum will pay for pharmaceutical care model schemes, an increase from last year's £500,000.

Questiontime

Do you think the shortage of GPs and nurses in primary care offers a real opportunity for pharmacists to improve their representation on PCTs (and their equivalents in N Ireland and Scotland)?

● Yes ● No ● No comment

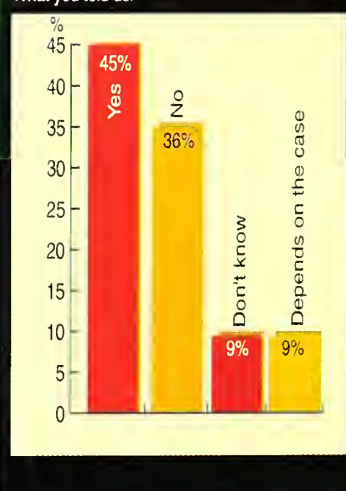
You can record your vote by downloading our website: www.dotpharmacy.com. On the home page you will find our Question Time panel. Click your choice and then click on the "vote" box. Your answer is automatically collated.

You have until 12.00 noon on October 2 to cast your vote. We will publish the result in *C&D*, October 6.

Last week we asked you:

Do you think pharmacists should be involved in administering medicines covertly – disguised in food or drink – when it can be justified as being in the best interests of the patient? (see *C&D* September 15, p5).

What you told us:





Scottish pharmacists being piped into Stirling Castle last Saturday as the Royal Pharmaceutical Society in Scotland held a formal dinner as part of its year-long 150th anniversary celebrations. Over 250 people paid £50 a head to attend the event, which was heavily oversubscribed

RPSiS makes a Stirling affair

The launch of the strategy for pharmaceutical care in Scotland later this year will allow pharmacists to show their true potential, chairman of the Royal Pharmaceutical Society in Scotland, Alison Strath, said last Saturday (see p9).

Speaking to 250 guests at a dinner in Stirling Castle marking the RPSiS' 150th anniversary, she

said that Scottish pharmacists had grasped the opportunities that had been put before them. "This is a time for action and we are determined to play our part."

Charting the development of the profession in Scotland, she said devolution was the most recent harbinger of change. Representation of Scottish interests within the Royal

Pharmaceutical Society was one issue it had raised and it was not a new one, she said. "The chairman of the Scottish Executive now has a seat at the Council table, but it has taken 150 years to get there."

However, she told RPSGB president Marshall Davies she was "personally heartened by the Society's continued support for 36, York Place."

EDUCATION

Lloydspharmacy sets up CPD scheme

Lloydspharmacy has set up a new continuing professional development scheme for all its pharmacist staff.

The scheme pre-empted Government legislation on clinical governance, due to come into effect in spring 2002, that will require all pharmacies to keep better records and continuously review their working practices and standards.

The scheme promotes frequent

analysis and evaluation of every aspect of a pharmacist's job, from simple factors such as IT skills to dispensing efficiency. Pharmacists are then asked to use the evaluation to consider how they might improve that particular service.

The scheme works on different levels, from short-term tasks such as evaluating the immediate effects of an action, to long term strategies in which staff might

plot a personal development plan.

The programme takes into account available time and financial resources, learning styles and desired outcome, so participants can plan their personal development in advance and assess its effectiveness afterwards.

As well as improving service to the public, the scheme aims to enhance career prospects for pharmacists.

'NP' box on FP10s gets the axe

The "NP" box is to be removed from NHS prescription forms in England due to low usage of the "nomen proprium" indicator by GPs.

New forms are being phased in which have a slightly larger area for the patient's name and address. GPs are being instructed that if they do not want the pharmacist to use the proper name of a medicine they should write "NP" on the prescription form.

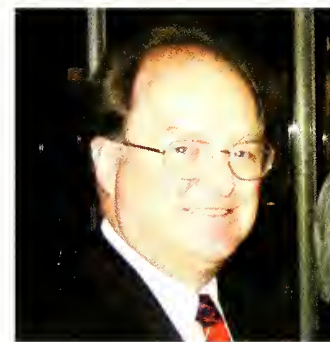
Scotland has already removed the NP box from its NHS prescription forms. Only 0.6 per cent of scripts had an entry in the NP box in a recent survey.

Mefenamic acid NCSO in September

The Department of Health and the National Assembly for Wales are allowing NCSO endorsements for the following item for September prescriptions: Mefenamic Acid Capsules BP 250mg.

Simpson appointed CPP chief executive

The College of Pharmacy Practice has appointed Ian Simpson as its new chief executive. He takes up



the position on November 12. He is currently pharmaceutical adviser to Oxfordshire HA and professional secretary to the Guild of Healthcare Pharmacists. After a career in hospital pharmacy he became a self-employed consultant in 1991.

Serenace recall

Norton Healthcare is recalling two batches of its Serenace (haloperidol) injections. They are Serenace Injection 5mg/1ml x 10 ampoules with batch number 507689, and Serenace Injection 20mg/2ml x 10 ampoules BN 507684, and both have expiry dates of June 2004. The batches are being recalled because they carry unapproved artwork affecting the labelling, leaflets and carton texts. The class 2 recall was issued on September 20. Further information is available from Norton on 0207540 7651.

NW Lancs tackles drug wastage

North West Lancashire Health Authority is taking action to stamp out drug wastage, after a return unwanted medicines campaign found that almost 40 per cent of dispensed drugs were returned unopened. Over £500,000 worth of medicines have been taken back to 112 pharmacies in the area over the past 12 months.

GPs are being persuaded to prescribe only 28 days' supply at a time. Fees for pharmacists' input to care homes have been renegotiated to take account of a more formal approach to reducing waste as well as supplying medicines.

Wyre and Fylde Primary Care Group will start "brown bag" medication reviews in October, when prescribing pharmacists will visit patients in GP surgeries and at home.

DoH joins RPSGB in medicines project

The Department of Health and Royal Pharmaceutical Society are advertising for a director for the Department's Patient Partnership in Medicine Taking Programme.

The Department is setting up a taskforce to build on the work of the Society's concordance co-ordinating group, linking with the Expert Patient Programme (*C&D* September 22, p5) and the Medicines Management Action Team.

A small team based at the Society will support the national, multidisciplinary taskforce.

Call for greater role in health promotion

A research review suggests that community pharmacists should have greater involvement in health improvement.

Smoking cessation, lipid management and emergency contraception were among the services well received by pharmacy users. The review recommends their widespread implementation.

The research, commissioned by the Royal Pharmaceutical Society and Pharmacy Healthcare Scheme, looked at data published between 1990 and 2001.

Yves Buckland, PHS chairman, said: "This research shows us which services we should be providing through pharmacy to improve people's health. At present only some pharmacies offer these – we need to support all pharmacies to provide them everywhere."

The main authors of the review were Dr Claire Anderson, University of Nottingham, and Professor Alison Blenkinsopp, Keele University.

POLICY

LPS pilots come before a contract



Health minister Hazel Blears: hoping to make progress on pharmacist prescribing

Pharmacy contractors in England can expect to wait at least a year until they see any new form of contract, health minister Hazel Blears has indicated.

Meanwhile, the Department of Health in London will be assessing pilot schemes for local pharmaceutical services (LPS) which will be allowed under the Health & Social Care Act passed earlier this year.

The introduction of LPS would take place in conjunction with proposals in the DoH consultation paper *Shifting the Balance of Power*, she said at the

British Pharmaceutical Conference in Glasgow.

Ms Blears anticipated that the DoH would be "inundated with ideas for new ways of working". The first schemes would be set up by next year, and the Government would be inviting formal bids for the schemes as soon as it could.

"The challenge is local flexibility and national high quality," she said. Although she didn't want to be prescriptive about LPS, she said that a minimum requirement would be that all pharmacies should dispense prescriptions, "but we want to do much more than that."

With LPS pilots established "it's probably going to be late next year before we invite PSNC to discuss changing the national contract," she said.

However, the minister is hoping to make progress on pharmacist prescribing. Although pharmacists provide training on prescribing to nurses, they do not have the ability to do so themselves, she commented. "We have to correct that."

She will be consulting on this over the next few months. It is likely that hospital pharmacists will be among the first

pharmacists to prescribe.

Expressing satisfaction with the interest in the 26 medicines management pilots currently underway through the National Prescribing Centre, she said the pace of development would not slacken.

The Department will be putting the next wave of pilots out to tender very shortly.

A discussion paper on skill mix in pharmacy will be published by the end of the year, as will guidance for community pharmacists on clinical governance. Some £500,000 will be set aside for clinical governance support in LPS.

Ms Blears stressed that the DoH discussion paper on generic medicines contained options and not final policy.

"We have not made up our minds. We want to discuss these options. We want to have the debate with you, and that includes community pharmacists."

While aware of the impact of the loss of resale price maintenance and the effect of control of entry regulations, she added: "It's important that we maintain a good, vibrant network of community pharmacies."

PRACTICE

21 Bromley pharmacies accredited

Twenty-one pharmacies from across Bromley Primary Care Trust, Kent, have been awarded certificates for attaining a high level of standards.

The PCT-run accreditation scheme takes a year to complete and covers aspects such as quality of pharmacy premises, health promotion, professional services, staff training, audit, access to pharmaceutical services and customer responsiveness.

Pharmacies meeting the required standards will be able to display certificates alerting the public to the fact.



Pharmacists and Bromley Primary Care Trust representatives at the certificate presentation ceremony last week

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SCOTLAND

'Ambitious' strategy for Scotland only weeks away

The Scottish plan for pharmacy will include a commitment to speeding up electronic prescribing, increasing the pharmacist's role in health promotion, and developing repeat prescribing.

There will also be a commitment by the Scottish Executive to promote pharmacy to the public.

However, speaking at the British Pharmaceutical Conference in Glasgow on Tuesday, Scottish health minister Susan Deacon indicated that pharmacists will have to wait a few more weeks for the details.

"It's crucial that we make full use of this very valuable resource," she said, referring to community pharmacy. "There is a need to set out clearly what the role of pharmacy in Scotland will be, now and in the future, and we need to add impetus and momentum to transfer successful pilot projects into practice."

Many of the commitments the plan makes are ambitious, she said, but all are achievable. "We aim to underscore the key role of pharmacists, particularly those in the community, in promoting health."

Mrs Deacon said she wanted to get across to the public the message that pharmacists are an integral part of the NHS. But to promote pharmacy as a gateway to the Health Service, pharmacies need to be welcoming, she added, which was why she was providing



Royal Pharmaceutical Society president Marshall Davies (left) with Scottish health minister Susan Deacon at the British Pharmaceutical Conference

a further £500,000 on top of a similar sum last year to fund improvements to premises.

Pharmacists need to be involved in safe, effective, electronic prescribing systems. "We can and must accelerate progress in this area, as it is something the public expects," she said.

It was "patently nonsensical" that patients with chronic illnesses such as diabetes or asthma had to visit the GP for repeat prescriptions and then go to the pharmacist. Pilot projects have shown pharmacist supply of repeat medication was cost-efficient and reduced wastage.

"It's crucial that we build on this experience. If something works, we should roll it out more widely," she said.

Initiatives announced by the minister included a pharmaceutical care implementation team which will operate from the Society's offices in York Place. The Scottish Executive will fund a director and outreach team. One aim of the team will be to identify therapeutic areas where pharmacist involvement can improve patient care.

The Scottish Executive, in partnership with the Committee on Safety of Medicines, will also be providing funding for the first Scottish adverse drug reaction reporting centre.

In addition, the Executive will run campaigns to encourage the public to return unused medicines to their nearest pharmacy.

Strath makes prescribing challenge

The Royal Pharmaceutical Society in Scotland has welcomed the opportunities held out for Scottish pharmacists by the Scottish health minister, Susan Deacon.

But at the British Pharmaceutical Conference on Tuesday, RPSiS chairman Alison Strath asked the minister why pharmacists did not yet have a prescribing role. She offered to work with the minister to help remove the barriers preventing pharmacist prescribing.

Ms Strath said she was delighted that the minister was to look at how the Executive and the profession could work together to help improve the health of people through the pharmacy network.

"We are really pleased to think that the NHS would like to work with us in a better way," she said. However, she cautioned that "a label on a window is only valuable if it indicates real partnership working and that pharmacists and their staff are recognised as part of the team".

Guidance on diabetes screening

The Royal Pharmaceutical Society has issued guidance to community pharmacists involved in diabetes screening.

It includes information on whom to target, liaising with other professionals, funding and liability, as well as how to carry out the tests and the equipment to use.

The document relates only to early detection of patients with possible raised blood glucose, not to diagnosis. A GP or other suitably qualified health professional must confirm the diagnosis after further testing. To this end, pharmacists must not alarm patients if a high glucose level is detected, and must not tell someone they have diabetes.

The guidance includes examples of forms for patients to confirm their request for a blood test, for recording test results, and for patient referral after a test.

The Society is developing further guidance on the testing of body fluids in pharmacies.

EDUCATION

EHC demand stretches resources at CPPE

The unprecedented demand for emergency hormonal contraception workshops meant that the Centre for Pharmacy Postgraduate Education had to put some other projects on hold last year.

"The launch of Levonelle was an extreme test of our ability to meet demand," writes director Peter Wilson in CPPE's annual report 2000-01.

The Centre received more than double the usual number of applications for workshops and tutors each organised up to six extra sessions. Some workshops

were gate-crashed by more than 20 pharmacists.

Dr Wilson cites EHC as an example of how CPPE can adapt to support developments in community practice. For the immediate future these include continuing professional development, medicines management and the roll-out of the fourth disposition by NHS Direct.

CPPE now provides more than 300,000 hours of continuing education a year, or 15.5 hours per community pharmacist. Total expenditure in 2000-01 was £3.33

million, which included the EHC workshops and delivery of the EHC distance learning booklet to every pharmacist in England.

In addition, CPPE and the National Pharmaceutical Association provided support for NHS Direct from separate funding of £32,478.

Less than one-fifth (19 per cent) of the total was spent on administration.

For more information:
www.cppe.man.ac.uk

DoH responds to PSNC pay offer

The Pharmaceutical Services Negotiating Committee has received a pay offer for 2001-02, but is discussing it further with the Department of Health.

PSNC met DoH officials last week to "begin the process of debate", said chief executive Sue Sharpe. The Department has apologised for taking so long to respond to the claim submitted in March. Officials blamed the general election, among other factors, for the delay.

The offer assumes the existing contract will continue and is, in effect, an increase in the global sum. "These arrangements don't properly take into account prescription volume increases," said Mrs Sharpe.

"The Department has told us that a new contract will not be introduced for some time – and certainly not until well into next year."

Mrs Sharpe was unsure how quickly negotiations would be concluded for the current year.

● **Generics consultation:** PSNC will formulate its response to the Department's proposals for reforming the reimbursement and supply of generic medicines (*C&D*, July 28, p28). PSNC has



Hemant Patel is taking over from Steve Williams as PSNC vice-chairman

taken on economic consultants to look at the impact on contractors. PSNC will join the National Pharmaceutical Association and Company Chemists' Association in making a co-ordinated community pharmacy response. The deadline is October 21.

● **Fraud spotting:** increased rewards will be given to pharmacists who detect prescription fraud. The DoH has proposed two £50 rewards – one for not dispensing a prescription suspected to be fraudulent, or fraudulently claimed as exempt,

and the other for providing valuable information relating to fraud.

● **NHS reorganisation:** PSNC has emphasised the need for community pharmacy to be represented effectively within primary care trusts in its response to the consultation paper, *Shifting The Balance of Power*.

PSNC says that statutory contractor representation should continue, and that strategic health authorities should have specific oversight of the network of community pharmacies. It adds that detailed provisions must prevent possible conflicts of interest which would arise if PCTs could both commission and provide services.

PSNC is still awaiting the Government's detailed proposals as to how representation will occur and will give guidance to local pharmaceutical committees on how to plan their elections, usually held in March.

PSNC voted to adjust the boundaries of its regions to reflect the proposed strategic health authority boundaries, but these could be reviewed if the proposals change.

Boots will not trial open display

Boots The Chemists has said that it will not be trialing open display of P medicines as part of its new format store. The opening was initially planned for this week, but is now expected to take place in the next three to four weeks.

A spokeswoman for the company said that Boots currently had no plans to follow the lead of Numark, Lloydspharmacy and Moss Pharmacy.

Fire damages SSL's Scunthorpe factory

SSL International's factory in Scunthorpe has been severely damaged by fire, which broke out on Tuesday night (September 25).

However, all employees working there at the time were evacuated safely.

The Scunthorpe site manufactures around 60 per cent of SSL's incontinence care products, but the company insisted that it had sufficient stock levels of the product produced at the site to be able to avoid any supply shortages.

Wales script levy awareness scheme

Wales has launched a campaign to raise awareness of prescription levy charges. Posters and leaflets are being distributed through pharmacies, opticians, GP and dental surgeries, and other public premises "to encourage people to claim what's due to them, but deter people who cheat the system".

Penalty charge notices will be issued from January 1, 2002 to people who incorrectly claim exemption from NHS charges from November 1 this year. The charge will be five times the amount owed, up to a maximum of £100, with the original fee to be paid as well.

IPMI launches fellowship portfolio

Members of the Institute of Pharmacy Management can now become fellows by completing a portfolio detailing their management experience.

The IPMI says that courses such as the Certificate in Community Pharmacy Management provide a suitable formal qualification (the course is offered through *C&D* in conjunction with the Queen's University of Belfast – contact Mary Prebble on 01732 377269 for details).

Contact Nicholas Wood, Secretary, IPMI, The Seasons, Park Wood, Doddinghurst, Brentwood, Essex CM15 0SN, E-mail: enelwood@compuserve.com

GSK forced to compromise on agency scheme

GlaxoSmithKline (GSK) said it was within weeks of signing a new agreement with its existing network of distributors.

Chris Tovey, GSK's director of retail operations, refused to disclose any details of the new scheme, except to say that "through our negotiations with wholesalers we have made significant compromises regarding the fee we are paying for distribution".

He added that the existing agency agreement would end once GSK introduced its new trading terms. The two consultations with

wholesalers and pharmacists had run in parallel.

Despite insisting that the new agreement would not be an "agency scheme", Mr Tovey added that pharmacists would still receive "paperwork" from GSK and that the agreement would be different from the wholesaler model SmithKline Beecham used.

He stressed that the main difference would lie in the way GSK worked with pharmacists.

"Pharmacists will see a significant difference in the way in which they deal with GSK, compared with the

two heritage companies."

GSK promised pharmacists increased accessibility to deals and discounts and an increased investment in pharmacy.

A call centre will be established to make GSK staff more accessible.

Mr Tovey also revealed that GSK was considering a series of medicines management pilots.

He said that in light of the changes outlined in the *Pharmacy in the Future* document pharmacists needed a different level of support, which GSK was keen to provide.

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Coming Events

OCTOBER 1

East Kent Branch, RPSGB

Current Care of Stroke Patients and Impending Changes, by Lin Talbot, Medway Stroke Association, at the Howfield Manor Hotel, Chartham Hatch, Canterbury, 7.30 for 8pm.

NICPPET

E-mail and the Internet, at the Beeches, Belfast, 9.30am – 5pm.

OCTOBER 2

Moray & Banff Branch, RPSGB

Diabetes – Removing the Needle Phobia, at the Laichmoray Hotel, Elgin, 7pm.

Leicestershire & Rutland Branch, RPSGB

Breast Cancer, by a nurse from the Glenfield Breast Care Unit, Tigers ground, 7 for 7.45pm.

Northern Scottish Branch, RPSGB

The Scottish Pharmacy Strategy, by David Thomson, vice-chairman, Scottish Executive RPSGB, at the National Hotel, Dingwall, 7.30pm.

NICPPET,

From Conception to Birth – The Role of the Pharmacist, at the Adair Arms Hotel, Ballymena, 7.30 for 8pm.

NICPPET,

From Conception to Birth – The Role of the Pharmacist at the Brownlow Health Centre, Craigavon, 7.30 for 8pm.

OCTOBER 3

NICPPET

Commissioning Health Care, at the Canal Court Hotel, Newry, 7pm.

MULTIPLE

Asda launches expansion drive for pharmacy sector

Asda is to include pharmacies in a massive expansion drive for its speciality division.

The supermarket giant has committed itself to an ambitious three-year plan for the development of its pharmacy, optical, photographic and jewellery portfolio. It intends to greatly increase the number of pharmacies it operates.

Asda currently runs 78

pharmacies, but will increase that figure to 130 over the next 36 months. The company will need to recruit about 250 new pharmacists.

As part of its biggest ever advertising campaign for professionals, Asda will place advertisements in several trade magazines from next month onwards.

Asda said it had also established close links with the British

Pharmaceutical Students Association (BPSA) and would "scour the UK's universities for Britain's brightest talents".

In the whole speciality division, Asda plans to open 461 new units (pharmacies, vision centres, photo centres and jewellery stores). An estimated 3,120 additional jobs will be created.

LEGISLATION

Cost of Parallel Imports could rise

Parallel importers have warned that their products will become "significantly" more expensive because of re-labelling proposals.

The Committee on Safety of Medicines (CSM) has issued a consultation document recommending a standard label format – "number plate" – to clearly identify the safe use of a medicine (see *C&D* August 25, p5).

John Barker, chairman of The British Association of European Pharmaceutical Distributors (BAEPD), said redesigning packaging to make medicines more identifiable and incorporating a standard label format, as recommended by the CSM, would push up costs.

Mr Barker added that these

price increases were unlikely to push any parallel importer out of business, because many relied on larger wholesalers to do the re-packaging for them. However, some smaller distributors may find the increased costs difficult to accommodate, and could resort to carrying a much smaller portfolio of medicines.

The BAEPD said it was generally sympathetic to the CSM's proposals for reducing medical errors and improving patient compliance. However, Mr Barker pointed out that if one side of the medication box carried the "number plate" and the other the pharmacy label, there would be little room for the importers information, such as product licence holder, country of origin and batch details.

INDUSTRY

Lipobay withdrawal leads to loss of 150 jobs

Bayer AG has cut 150 jobs in the UK and Ireland, which it said were due to the loss of Lipobay.

The redundancies are expected to occur mainly in the sales force of UK and Ireland operations and are part of a large scale restructuring of Bayer's pharmaceuticals division (see *C&D* September 22, p10).

The company said its new focus would be on maximising current business and future product launches, such as the antibiotic Avelox and Bayer's Viagra competitor vardenafil.

Meanwhile Bayer pledged \$1million to help rescue efforts in New York following the recent terrorist attacks. The company will also donate medicines to aid organisations.



Philip Longstaff of Finedon Pharmacy pictured with staff after the recent Nucare shop refit

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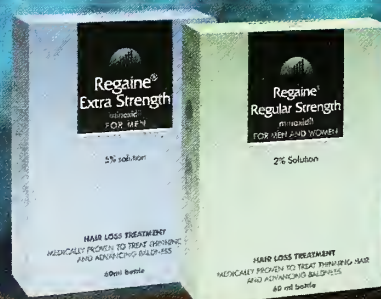
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Uses: Extra Strength: Treatment of alopecia androgenetica in men only. Regular Strength: Treatment of alopecia androgenetica in men and women. **Dosage and administration:** 1ml applied to the total affected area of the scalp twice daily. The total daily dosage should not exceed 2ml. The method of application varies according to the disposable applicator used. In all cases the hair and scalp should be thoroughly dry prior to treatment and the solution allowed to dry without the use of a hair dryer. Twice daily application for two months (for Regaine Extra Strength) for 4 months (for Regaine Regular Strength) may be required before evidence of hair-growth stimulation can be expected. Continued use is necessary for continued hair growth. Patients should discontinue treatment if there is no improvement after one year. **Contra-indications:** Regaine Extra Strength and Regaine Regular Strength are contraindicated in those with: a history of sensitivity to minoxidil, ethanol or propylene glycol, treated or untreated hypertension, users with any scalp abnormalities (including psoriasis or sunburn), those with a shaved scalp and users of occlusive dressings or other topical medicinal preparations. Regaine Extra Strength is also contraindicated in women. **Special Warnings & Precautions:** For external use only. Flammable. Do not apply to the areas of the body other than the scalp. Regaine contains an alcohol base which will cause burning and irritation to the eye. Safety and effectiveness of Regaine in patients under 18 or over 65 has not been established. Regaine should not be used during pregnancy or lactation. Misuse or use on damaged skin may lead to increased absorption of minoxidil and theoretically, increase the risk of systemic effects. Potential side effects include: irritation and itching of the skin, dry skin or flaky scalp, unwanted growth of non-scalp hair and increased hair shedding upon initial uses of Regaine. **Legal category:** P. **Package quantities:** One (both Regular and Extra Strength) or three (Extra Strength only) bottles of 60ml with the following disposable applicators (pump spray, extended tip or rub-on). **PL number:** PL 0032/0183 – Extra Strength. PL 0032/0136 – Regular Strength. **Holder of Product Licence:** Pharmacia Ltd, Davy Ave., Milton Keynes, MK5 8PH, UK. **Date of preparation:** June 2001. **Pricing Information:** Regular Strength Single Pack: £24.95 retail price (£21.23 excl. VAT), Extra Strength Single Pack: £29.95 retail price (£25.49 excl. VAT), Extra Strength Triple Pack: £59.95 retail price (£51.02 excl. VAT). Additional information is available on request from the product license holder.

* Compared to 4 months for Regaine Regular Strength

PHARMACIA

Comment

from the Editor



Do you want to be a pixie or a pixel? Do you want to be a GP's "little helper" or part of the big picture in community pharmacy? This question, which should be a "no brainer", was asked by a canny Scott this week (*see p39*). He was one of the few people at the BPC in Glasgow to get down to fundamentals.

That Scotland's chief pharmacist should so publicly recognise the "brain drain" that afflicts community pharmacy shows that the "recruitment, retention and motivation" criteria that have allegedly guided Government policy over the years need addressing quickly.

Sadly, the "big picture" which Mr Scott sees does not yet exist, a fact amply demonstrated by the Scottish pay settlement announced this week. For contractors the picture is still one of increasing script volume and declining margins, making NHS work still less rewarding. The SPGC has settled for a meagre 3.7 per cent increase in the global sum, and PSNC will end up with a similar amount – eventually.

Disappointing, too, that the DoH in London will not talk about a new contract until it sees how local pharmaceutical services – about to go into the pilot stage – work out in practice. It might be a pragmatic decision, but it pushes the prospect of Mr Scott's "big picture" yet further into the future.

However, pharmacists can take some comfort from the fact that ministers have made clear that the political will to make better use of pharmacists' skills is undiminished. The Scottish pharmacy plan is only weeks away, and RPSiS chairman Alison Strath is open in her enthusiasm for the opportunities it holds out. *Pharmacy in the Future* remains the blueprint for England, and Hazel Blears specifically mentioned pharmacist prescribing as an area for early progress.

Do you want to be a GP's little helper or part of the big picture in community pharmacy?

Your views

RPSGB president Marshall Davies replies to last week's open letter from the YPG chairman

Dear Alistair ... a message of reassurance

Many thanks for your letter. I hope that this response reassures you that your concerns are unfounded.

I can only agree with you about the importance of pharmacist prescribing. The issue has been a consistent theme of the work that the Society has undertaken following on from *Pharmacy in a New Age*.

Council's policy is that pharmacists should be able to prescribe in a broad range of circumstances, to provide a better service for patients and make fuller use of pharmacists' skills.

To build support for the Council's policy, we have established a communications programme with a range of stakeholders, including government, the medical and nursing professions and the public.

Pharmacist prescribing is now Government policy and features in *Pharmacy in the Future*. Parallel developments have also been

signalled for Scotland and Wales.

Enabling legislation to allow prescribing by other professions, including pharmacists, was brought forward through the Health & Social Care Bill last December. The Society took an active role, working closely with the main political parties before it became law in May.

Along with other pharmacy organisations, the Society supports the All Party Pharmacy Group in Parliament. In March, the group held a meeting on pharmacist prescribing which resulted in a report to ministers, urging its early implementation.

The Society also asked Dr June Crown to head a task group to facilitate the implementation of pharmacist prescribing. Dr Crown had extensive involvement in the development of nurse prescribing.

The group will be addressing some complex and challenging issues in terms of education,

training and competence along with practical and ethical aspects of implementation.

The core is a small multi-disciplinary group, including medical, nursing and patient representatives, hospital and community pharmacy expertise and educational input. This group will be supported by a wider consultative group.

Dr Crown is hopeful that there will be reasonably rapid progress to pharmacist prescribing and plans for the group to complete its programme by the end of 2002.

In the meantime, I am confident that Dr Crown's plans for communicating the work of her group will allay your concerns. She has determined that the group will work in an open and transparent manner, reporting regularly to the Society's Council, and possibly publishing interim reports before the publication of its final report.



I do hope that the Young Pharmacists Group will continue to be supportive of the Society as we progress this important work.

Yours sincerely,

Marshall

INDUSTRY VIEWPOINT

Dreams alone will not do

As the great and the good meet for the BPC in Glasgow this week, there will be much discussion on the future of pharmacy, and more dreams of how pharmacists will take a pivotal role at the heart of primary healthcare.

In the "real" world dreaming alone will not bring the vision to reality. Pharmacy needs strong professional leadership with clear, concise thinking, working to one aim, one mission and one vision.

Retail pharmacy is a balance of the commercial and the professional. Get the commercial side right and you create the environment for the professional side to flourish. NHS margins are thin. If central tendering for generics becomes a reality, margins will be shaved to almost nothing. Grocers are taking more of the OTC market and with the demise of RPM this trend will accelerate.

From an outside view it appears

Pharmacy needs strong professional leadership with clear, concise thinking

that pharmacy is speaking for too many interested parties, all with separate agendas. Yet, basically, they all want the same thing.

The NPA and the PSNC must focus on the commercial interests of retail pharmacy. The RPSGB must reform its closed image. It must be open and accountable in all its activities. The officers and staff at the RPSGB should be there to serve the members, not the reverse. The combined NPA/PSNC and the RPSGB must achieve a common strategy, with regular open meetings.

Walt Disney said: "If you can dream it you can do it, because dreams do come true." But then, Disney also dreamed up Mickey Mouse!

Contributed by a senior industry manager

TOPICAL REFLECTIONS

Does the DoH really value pharmacists?

I predict that the future growth industry in medicine will be the management of chronic disease. Medical science is striding forwards in its ability to prevent death but, in doing so, it leaves in its wake an increasing necessity to manage the consequences. Life or death is no longer the choice, but a grey area somewhere in between where, as identified by a recent report, *The Expert Patient*, patients often become their own specialists (*C&D* Sept 22, p5).

Now I know this to be true because almost every day I discuss with patients how they might be helped to cope better with their problems. The present frustration is that however certain we are that medication needs adjustment, the decision-making process must be referred back to the prescriber. However, that should change as pharmacists become independent

prescribers, managing repeat prescribing, and patients are empowered to manage their own illnesses.

The synergy between the two proposals is obvious to me, but apparently not to the Department of Health, as community pharmacists barely receive any mention in *The Expert Patient*. Yet in order to enable patients to care for their own illnesses there must be easily accessible expert professional support, and the most logical source of that is the community pharmacist.

But all is not lost. At least the patient is now recognised as essential to the process of disease management and the doctor's role is accepted, if not properly defined. It now only needs the DoH to understand the real contribution that community pharmacists can make and concordance will become a reality.

A lesson in the art of public relations

Maybe I have done Roche Diagnostics an injustice (*Xrayser*, Sept 15, p15). A nice young lady from Roche phoned me the other day and tried to sell me its new blood-testing machine. She warned me that the current offer on Accutrend expired at the end of September but offered to send me stock to allow me to sell my remaining machines at £15.

She also explained at my request the rationale behind its new "Active" glucose sticks. The test doesn't take as long and needs less blood, so they are a technical advance that requires a new name. She did apologise for any resulting disruption. Now why could Roche have not said all that in its original letter?

Lack of consistency in PILs



Patient information leaflets are now a requirement for all dispensed medicines and I have always assumed that the content is controlled. Last week that assumption was destroyed when a patient phoned for advice. She was using a diamorphine driver, and the PIL supplied with the APS bendrofluazide told her to speak to her pharmacist or doctor if she was concurrently taking opioids.

After a wide literature search I was unable to answer her query conclusively, but I discovered that the GUK PIL contained no reference to opioid interaction. Fortunately, her problem was eventually sorted out by the hospital consultant, who said that, in her medical condition, her GP should not have prescribed bendrofluazide anyway.

No harm was done, but potential disaster was only averted by chance. Certainly a case for a medical risk management assessment, but it also raises some important pharmaceutical questions. Why did the PILs not contain the same warnings and from what legal basis are they written? And if the PILs do vary between manufacturers, which PIL is put in the packaging of sub-contracted generic drugs, that of the original manufacturer or that of the distributing company? Then, if disaster strikes, who is liable?

These questions may seem academic, but if the patient had suffered as a result of taking incorrectly prescribed medication with incomplete warnings, then I, the GP, the consultant and the manufacturers might be about to appear in court and this article would be *sub judice*.

Future shock

Pharmacists should radically change the way they operate to survive, suggests Dr Darrin Baines, director of medM



Community pharmacists are currently facing a battle that will threaten the profitability of their businesses.

Within three years, radical reforms will be introduced into community pharmacy which may undermine the financial viability of many independents and retail chains.

Although many members of the profession know a fight is just around the corner, few working pharmacists can yet see a clear way to save themselves from their impending fate.

However, help may be at hand. An economic theory suggests that if community pharmacists can return to their core business and do what, historically, they have done best, the future may not be so bad.

“What we do today is controlled by decisions made in the past”

Individual dispensers who can find their way through the labyrinth created by the profession's past may once again create a secure future for themselves and their businesses.

In recent years, many forward-thinking economists have argued that “history matters”.

In other words, “what we do today is – to some extent – controlled by decisions (either

consciously or accidentally) made in the past.”

For example, if you had not decided to train as a pharmacist, you would be doing something completely different today.

Therefore, the whole of your working life has been determined by a decision you made (or were forced to take by your parents or teachers) when you were applying for university courses at the age of 17.

You were not legally able to vote at 17 because of your immaturity, but at that age you chose a career path that has shaped the whole of your adult life.

As we are so constrained by our history, many leading economists now argue that we should look backward in order to understand fully the futures available to us.

In response to the view that history matters, an American economist, Paul David suggests the theory of “path dependency”.

In its basic form, the theory suggests that the economic situations we currently face may (either by chance or design) be the result of a “lock-in” of a set of economic arrangements established in the past.

For example, Mr David reports that the QWERTY keyboard – now used on most computers – was first introduced to slow typists down so they didn't jam the key bars on their mechanical typing machines.

Continued on page 18 ►

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community
pharmacy

◀ Continued from page 16

However, it is so popular today because – historically – the majority of touch typists have been QWERTY trained and do not know their way around better systems such as the rarely-used Dvorak Simplified Keyboard, which many experts say allows faster typing.

Computer users are now stuck with an inefficient keyboard layout because – in the past – a slower keyboard was chosen as the industry standard.

The theory of path dependency also applies to the historical development of community pharmacy.

The forerunner of the modern community pharmacist, the chemist and druggist, first emerged during the mid-1700s as a result of the commercialisation of Georgian society.

At the time, there were no general practitioners (as we know them today), no international drug industry, no clinical trials, no controls on advertising and no NHS.

However, there was a gap in the market for medicines. During the 1700s, most drugs were compounded by their suppliers and based upon personal, folk or common recipes, and many unscrupulous manufacturers adulterated their products with cheaper (possibly dangerous) ingredients for larger profits.

In response, chemists and druggists entered the market and sold themselves as quality dispensers whose medicines and medical advice could be trusted.

Therefore, the predecessors of modern community pharmacists were originally medical practitioners who earned private incomes helping consumers choose safe, effective and reliable medicines they could trust.

The first chemists and druggists were seen as members of the medical profession, because they diagnosed patients, treated illnesses and provided medical interventions.

However, as the direct consequence of the development of an unexpected path dependency during the mid-1800s, modern pharmacists have now lost touch with their original role.

According to Sidney Holloway, the author of the official history of the Royal Pharmaceutical Society, the Pharmacy Act of 1852 began an unforeseen process that split pharmacists from the rest of the medical profession.

Firstly, the 1852 Act defined registered “pharmaceutical chemists” as practitioners not having been examined in medicine, surgery or midwifery.

Next, the 1858 Medical Act created a legal boundary between physicians, surgeons and apothecaries on one side, and chemists and druggists on the other.

Finally, the National Insurance Scheme – and later the NHS – institutionalised the artificial split between doctors and pharmacists working in the community, by creating separate regulations, organisational arrangements and funding streams for the two groups.

Consequently, as a result of unexpected legislation and later public policy choices, chemists and druggists were – artificially – split from the medical profession, with the result that modern pharmacists have unnecessarily become boxed into their current professional roles.

According to Mr Holloway, the artificial division of doctors and pharmacists first created during the mid-1800s “does not represent a natural process of

“The artificial split between community pharmacists and general practitioners could be remedied...”

specialisation of function”.

He claims that “there is nothing inevitable about the present division between the practice of medicine and that of pharmacy”.

Logically, Mr Holloway’s argument implies that if individual pharmacists could find the right path they could successfully return to their professional roots.

Similarly, Paul David observes that “remediability” (that is, the ability to return to a known, feasible and preferable alternative to a locked-in situation) exists in all path-dependent situations.

However, Mr David also argues that switches to more efficient arrangements are rare because of the prohibitive cost of change.

His work, therefore, suggests that the artificial split between community pharmacists and general practitioners could be remedied if we could find a way to minimise the cost of change.

If individual members of the profession wish to find their own way through the labyrinth of path-dependency, they should:

- acknowledge that their true, original role is that of “medicine practitioners” earning most of their income from private sales and helping patients choose safe, effective and reliable drugs
- quickly diminish their reliance on NHS dispensing monies, and concentrate instead on earning fees from private patients who pay directly for advice
- immediately reorganise their premises so they are not stuck

behind a counter overseeing the dispensing process but are openly available to visiting clients

● become recognised NHS prescribers who can diagnosis and treat patients based upon locally agreed protocols and standards as soon as possible

● specialise in advising the general public about complementary medicines and the safety of drugs not subject to clinical trials, while transforming their premises into therapy centres, not NHS dispensaries.

These steps suggest that pharmacists should not try to guarantee their survival by fighting to protect their status as the main dispensers of NHS drugs.

Instead, individuals should look backward and, once again, assert their right to act as trusted, competent professionals.

As consumers are increasingly swallowing the remedies of the past to cure modern ills, it might be wise for pharmacists to follow suit by returning to their roots.

As it could be decades before the profession as a whole fully re-trains, the immediate future for individual pharmacists could lie with greater involvement in supplying high-quality, unbiased advice directly to private patients and establishing themselves outside the NHS.

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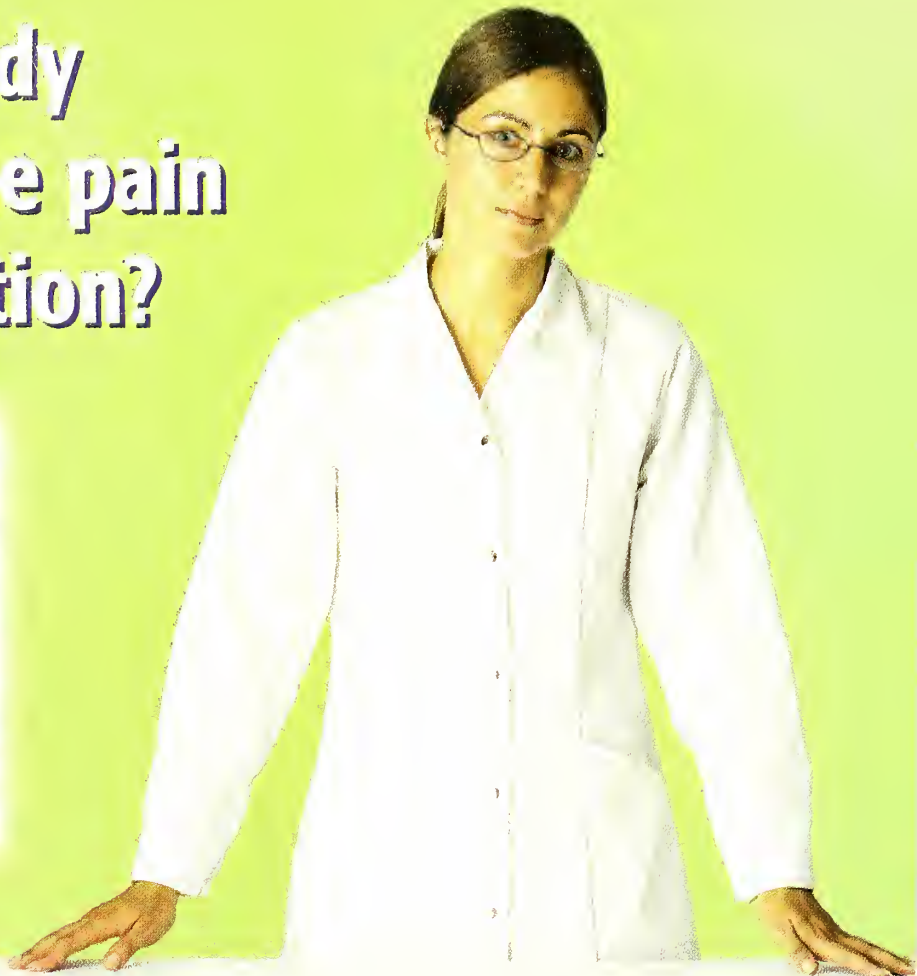
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Ditch the plan...

Peter Cattee, managing director of Peak Pharmacy, explores the virtues of a business plan in a fast changing pharmacy world

When *C&D* first asked me to consider a list of subjects which might be suitable for a feature series, I instinctively rejected a couple of them, one of which was drawing up a business plan.

I took an instant aversion to the topic and only started to wonder why when I looked at the list again later. There was obviously an innate suggestion in the proposal that you should have a business plan, and that this should be a fairly simple task of listing key points and generalising about our own plan.

I think people fall readily into two groups: those who like to plan, and those who prefer to react.

Over the years, as our business has developed, I believe it has owed much more to its ability to react, than to being able to foretell the future.

There are many ways to define success, but I believe that claims of a link between prior plans and eventual outcomes often owe more to rationalisation than reality.

Yet clearly, though a positive attitude reflected in an ambitious business plan somehow makes you feel that you will succeed, does success come from the plan or the attitude?

The essence of a plan is that it tries to anticipate the future. The further one can see accurately ahead, the more one can miss out the intervening stages. Clearly, if I'm in the planning business I'm in the prediction business as well, so let's consider the likely drivers of change, in the near future, in pharmacy.

To do that, one needs to consider the cumulative effects of (in no particular order):

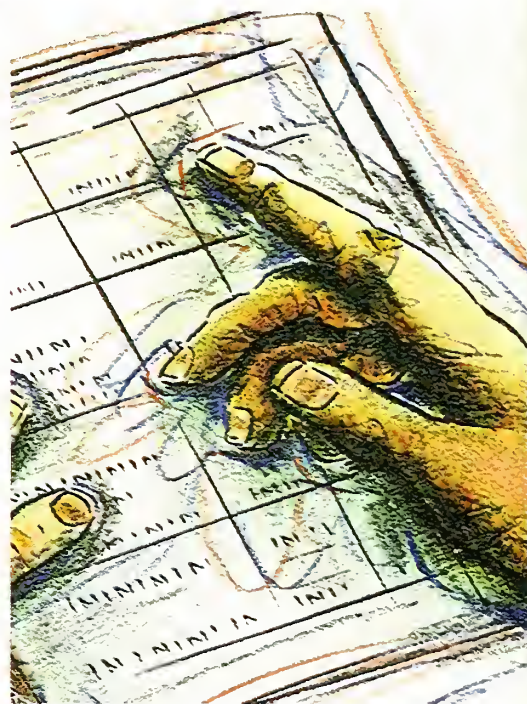
- the changing pattern of medicines sales post RPM
- the fundamental changes to working practices
- the relentlessly-increasing demands on productivity
- the suggestion of a new remuneration structure
- the proposed reform of supply and remuneration arrangements for generics
- dependency on currency and regulatory differentials for PIs

“Claims of a link between prior plans and eventual outcomes often owe more to rationalisation than reality”

- the suggested changes to control of entry regulations
- no stake in an NHS plan other than as citizens
- possible introduction of a revolutionary electronic prescription system
- laughable fee structure
- serious recruitment problems.

I may sound like a reactionary who feels threatened by change, but I do not believe that this scale of change is either practical or manageable.

I certainly wouldn't want to plan for it either – no plan on earth could accommodate the prospect of change on so many and varying fronts.



There is an often cited quote from an ancient Japanese warlord, who said that politicians always suggested change, rather than a remedy, whenever they were confronted with a difficult problem.

So, in short, the plan is to have no plan. Or to be more exact, the plan at the moment is to maintain maximum flexibility, and create a modular structure, thus reducing risk to the whole by limiting damage to the parts.

This obviously has implications for the future of investment in pharmacy, particularly, if the Government is determined to continue in its apparent “dis-investment in pharmacy programme”.

It is unlikely that pharmacists will offer to develop professional services that are not paid for realistically.

When considering our own business a little more thoroughly, I realised that we have lots of little sub-plans, the how-to's of the business.

Something like the development of clinical governance actually fits very well with the structure that we need to adopt – all processes identified, measured and modified when necessary.

What we do not have is a larger, or strategic plan for the business, but we appear to have something else in its place. I believe that to a large extent we have actually substituted an attitude for a plan. Adopting a set of shared values for those empowered to carry out any plans invariably seems more important.

Undeniably, of course, spectacular claims can be made for those who have had a plan, followed it, and seen the rewards: the fulfilment of their vision being realised.

While this foresight is impressive, even with the best-laid plans, many factors are beyond our control. By highlighting the success of the one-in-a-million plan that has worked, it is easy to forget the 999,999 which did not!

CANESTEN HYDROCORTISONE: COMMON SENSE FOR SWEAT RASH

Fungal skin infections, such as sweat rash, are common problems, but surprisingly few people know what they are called.

In fact, only about a quarter of all cases of fungal skin problems are seen by a GP,¹ so pharmacy has a very important role in helping customers establish the exact cause and find the right treatment.

RED, ITCHY, SORE SKIN – IS IT SWEAT RASH?

Any patch of red, itching, sore and scaling skin could point to a fungal infection,² but sweat rash is identified most often in moist areas or skin folds where the skin rubs together, such as the armpit, abdomen, groin or breasts.^{2,3} It is caused by a yeast infection, most commonly *Candida albicans*, an organism which occurs naturally on the skin.² *Candida* only causes infection in response to certain triggers⁴, such as friction or excessive perspiration.³ Sweat rash is also known as candidal intertrigo.

Anyone can suffer from sweat rash, but it occurs most frequently in:

- Sporting enthusiasts
- Overweight people
- The elderly or immobile
- People with excessive perspiration or wearing synthetic clothing

COMMON SENSE FOR YOUR PHARMACY

Canesten Hydrocortisone is the No. 1 pharmacy recommendation for sweat rash⁵ at your disposal, so you are ideally placed to help customers achieve rapid resolution of their symptoms as well as eliminating the underlying infection.

Product Information for Canesten Hydrocortisone. Canesten Hydrocortisone cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone. **Indications:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. **Warnings and Precautions:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight

DUAL ACTION EFFICACY MAKES COMMON SENSE

Unlike other products containing only hydrocortisone, Canesten Hydrocortisone combines two ingredients, which provide rapid symptom relief and remove the cause of the problem.³

1. Anti-inflammatory action of 1% hydrocortisone
→ Reduces redness, swelling, itching and soreness
2. Broad-spectrum anti-fungal activity of clotrimazole^{3,6-9}
→ Clears the infection responsible for the rash

In clinical trials, clotrimazole cream has been shown to have unbeaten efficacy in the treatment of sweat rash.⁶⁻⁸

With its dual action efficacy, Canesten Hydrocortisone is one rash decision you won't regret



YOU AND CANESTEN CAN

dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Cost:** £4.79. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Date of Preparation:** May 2000.

References: 1. Taylor Nelson Consumer Study, Sept 2000. 2. Buxton PK. In: ABC of Dermatology, London, BMJ Publishing Group; 1993. 3. Chu TC. Medicine Group Review 1990. 4. Roberts D, Evans G. The Practitioner 1993; **237** 153-157. 5. IMS Health – Self Medication UK, Feb 2000. 6. Liszkay M, Mohr CP. Haut 1995; **7** 1-10. 7. Clayton YM, Connor BL. Br J Dermatol 1973; **89** 297. 8. Clayton YM, Knight A. Br J Dermatol 1976; **1**: 225-232. 9. Hay RJ. Clin Exp Dermatol 1992; **17**(Suppl. 1): 2-5.

IMPORTANT INFORMATION ABOUT GLUCOTREND PLUS



Test Strips Are Changing

Glucotrend Plus test strips are being replaced with Active Glucose test strips from 1st September 2001 and will not be reimbursable on Drug Tariff from 1st December 2001.

Glucotrend Plus test strips will no longer be available on prescription – doctors must begin to prescribe Active Glucose test strips from 1st September 2001.

New Active Glucose test strips are fully compatible with all Glucotrend meters and give a **fast 10 second test time**.

As with every new pot of strips, please remind customers to change their chip:

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East Sussex
BN7 1LG

Light can have wide-ranging effects on the body, many of which are only just being recognised. *Dr Penny Stanway*, author of a new book on the subject, explains some recent findings

Healing with light

Light can thrill and delight. Indeed, in some religions, God is described in terms of light, and conversely there is talk of the "dark night of the soul", when enlightenment seems far away.

Light is also essential for health. Most pharmacists know that getting enough daylight helps prevent rickets and winter depression, and that some surgeons use laser light, but the many other possible benefits may be less familiar.

This is partly because the media have devoted such a lot of attention to the adverse effects of too much light, such as sunburn, malignant melanoma and cataracts. It's also because, while many professional groups use light therapy (including ophthalmologists, ophthalmic surgeons, cancer surgeons, dermatologists, scientists, optometrists, psychologists, colour therapists, interior designers, beauty therapists, and even crystal therapists and feng shui consultants), they tend to use different forms of light and different terminologies. They also avoid crossing professional boundaries.

All this makes researching the subject particularly challenging and fascinating.

Light in the eyes

Light affects us via our eyes and skin. We see because parcels of light energy called photons enter the eye and bleach pigments in light-sensitive nerve cells in the retina.

These then send messages to the brain. But messages received by the eyes also enable the brain to balance the level of almost every hormone and neurotransmitter. This influences our mood, energy, sexuality, weight, temperature, blood pressure, fertility and body clock.

There is increasing evidence that certain colours of light have particular effects on the brain. For

example, while all light's wavelengths stimulate the nervous system, those at the red end of the spectrum are more stimulating than those at the blue end.

This can have implications for the way we light and decorate our homes, schools and workplaces. Some people find wearing spectacles with lenses tinted a certain colour eases migraine, dyslexia and epilepsy – presumably by altering the balance of wavelengths in the light that stimulates the brain.

Light on the skin

Light's UV rays stimulate the production of melanin, which helps protect skin from being damaged by too much sun. UV enables skin to produce vitamin D, which improves calcium absorption, preventing rickets and osteomalacia.

Amazingly, recent research suggests that light-induced vitamin D may help protect against several cancers, including colo-rectal cancer, oestrogen-sensitive breast cancer and testosterone-sensitive prostate cancer.

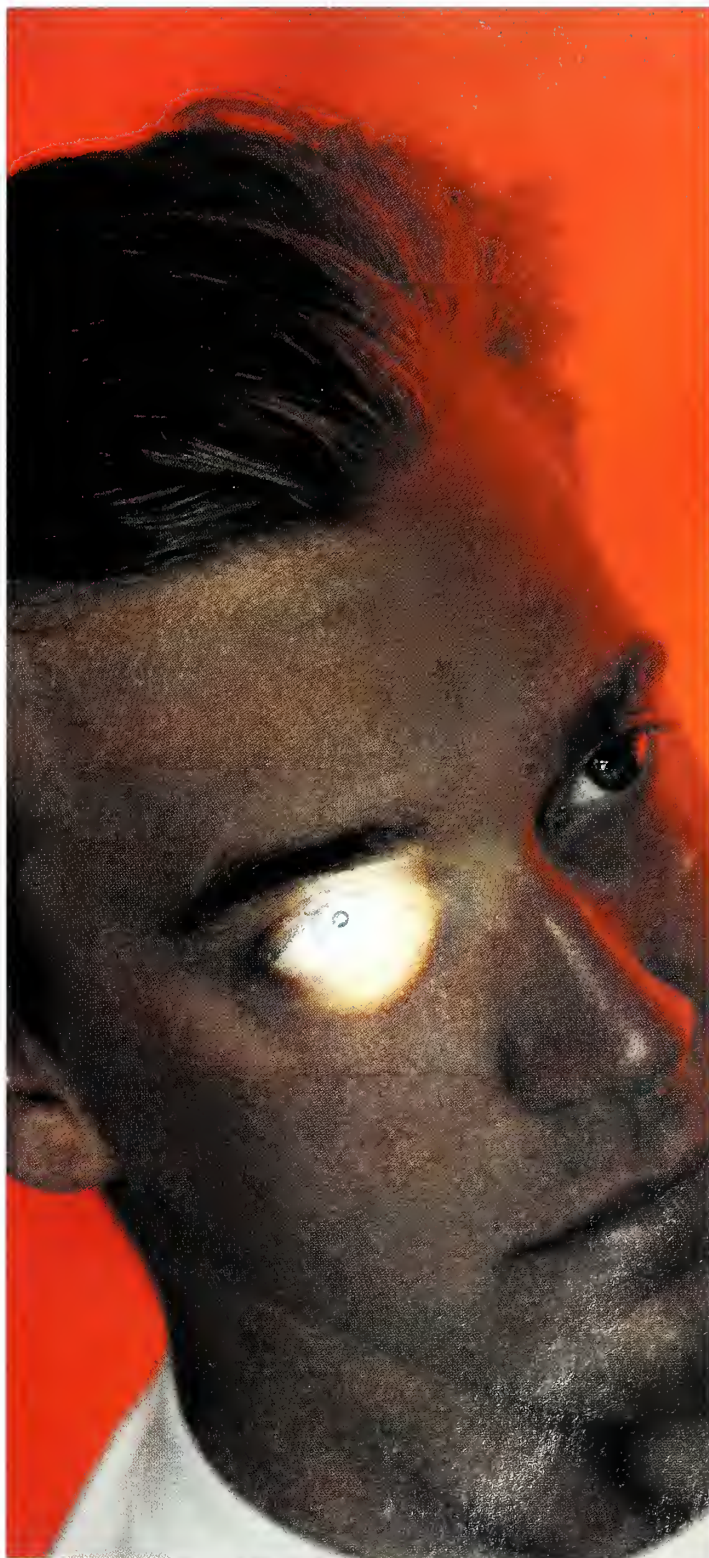
Certain colours of light shone on the skin have particular effects, with red boosting the circulation and soothing inflammation, and blue counteracting infection. This explains the success of coloured light in healing several skin disorders.

There are many conditions that may respond to light therapy.

Depression

Depression is linked to an imbalance of neurotransmitters (such as serotonin and dopamine), or a disturbance in the way the body uses them. Light and colour can help if the following steps are taken:

- get at least half an hour of bright daylight each day; older people need longer. This helps to balance neurotransmitters and



Continued on page 24 ►

◀ Continued from page 23

alter the way the body responds to serotonin. Daylight's UV also stimulates an underactive thyroid

- use brighter light indoors
- for winter depression caused by a lack of light (seasonal affective disorder, SAD), use a light visor or box (details opposite), preferably in the early morning, to help reset a disrupted body clock. The intensity should be at least 2,500 lux. This helps up to four out of five people within three to five days, and is often more effective than antidepressants.

Skin wounds, sores, burns and ulcers

Try a few minutes daily exposure to polarised light (such as from a Bioptron device, see opposite). This aids healing by soothing inflammation, stimulating blood and lymph flow, and boosting immunity.

High blood pressure

Light and colour can help in the following ways:

- go out in bright daylight each day, as UVB helps lower raised blood pressure (BP). It also stimulates vitamin D production, which stops blood vessel walls tensing too much by regulating their calcium and phosphorus levels. One session can lower the BP for several days, and decrease the systolic BP by an average of 17mm of mercury
- use full-spectrum fluorescent light
- try exposure in blue light
- Eat more foods rich in proanthocyanidin plant pigments, and consider taking these as supplements. Proanthocyanidins are flavonoid plant pigments related to tannins and are found in tea, cranberries, grape seeds and skins, and peanut skin (the thin brown coat that covers the nut in the shell, but which is removed from most packet peanuts).

Psoriasis

Light and colour are also beneficial for psoriasis. The measures below are often helpful:

- expose patches to sunlight each day, if possible; 15 minutes may be enough in strong sunlight. Applying paraffin jelly or another oily lubricant increases the benefit as long as it doesn't contain sunscreen. This helps three people in four
- use electric light or sunlight filtered through a red acetate-gel

sheet (from theatre, art and photography supply shops) for half an hour a day

- discuss with a dermatologist the advisability of exposure to UV light, or having PUVA (psoralen-UVa) treatment, in which a psoralen drug makes skin more sensitive to UV light. For mild, do-it-yourself PUVA, try eating celery, liquidised whole citrus fruit, figs, parsley, parsnips or watercress (which contain small amounts of psoralens), and going out in bright daylight every day
- a dermatologist may suggest painting patches with a light-sensitive acid, then exposing them in red light for two to four hours
- Exposure to polarised light (such as from the Bioptron device) may also help.

Pre-menstrual syndrome (PMS)

This probably results from over-sensitivity to progesterone, plus a body-clock disturbance that causes imbalances of ovarian hormones and neurotransmitters.

Light and colour can help, if you:

- get more bright daylight outside each day
- get exposure from bright light from a light visor or box each day
- wear a light mask (see panel) that flashes red light for 15 minutes a day. Start with 30 flashes a second, adjusting the rate if necessary from 8 to 50. This helps three in four women, probably by resetting their body clock and raising endorphin levels.

Age-related macular degeneration (AMD)

Someone with this condition has difficulty in seeing colour and fine detail because of degeneration in the macula, the pinhead-sized yellow spot in the middle of the retina.

Light and colour can help if you:

- stay inside from 11am-3pm, out of bright sunlight. Alternatively, stay in the shade, or wear UV-filtering sunglasses, prescription glasses or contact lenses
- go out in bright daylight at other times each day to raise your night-time level of melatonin – one of the body's most powerful antioxidants
- eat more foods rich in the carotenoid plant pigments lutein and zeaxanthin. High levels in the macula help protect against UV damage by absorbing UV; they are also antioxidants
- cook tomatoes in fat to release more lycopene. This plus

Light equipment

- Bioptron – See *C&D Price List*.
- Light boxes and visors – Outside In (Cambridge) Ltd. See *C&D Price List* www.outsidein.co.uk Or SAD Lightbox Co Ltd. See *C&D Price List* www.sad.uk.com
- Light masks – LightMask. Tel: 01242 702345; www.lightmask.com or www.light-therapy.com

zeaxanthin helps prevent damage from blue light

- consider taking supplements of beta-carotene and lutein. One type of AMD, "wet" AMD, may improve with laser treatment.

Alzheimer's disease

Elderly people with Alzheimer's often get only half as much daylight as healthy people of similar ages. This may help explain why they have low levels of melatonin; they also have relatively few nerve cells connecting the retina with the pineal gland. Their body clock is frequently out of rhythm, which is one reason why they sleep badly and wander around in a confused state at night.

For light and colour to help them:

- enable them to spend at least an hour a day outside in bright light
- consider trying bright light therapy with a light box each morning
- ensure their clothing, food and environment have plenty of colour. Even a small thing like painting a woman's nails can provide a focus of enjoyment that will be repeated over and again, thanks to her poor short-term memory.

Researchers are experimenting to see whether taking a daily dose of melatonin before bed at night helps deepen sleep. Melatonin is not legally available in the UK.

Cancer

One factor that can lower immunity and, perhaps, encourage cancer is too much or too little light. For example:

- skin cancer can result from over-exposure to UV light
- non-Hodgkin's lymphoma is more likely the nearer to the equator you live, and is more common in those with skin cancer

Daktacort™ HC

Presentation:

White, homogeneous, odourless cream containing miconazole nitrate 2% w/w and hydrocortisone acetate equivalent to hydrocortisone 1% w/w.

Uses:

Sweat rash (candidal intertrigo) and athlete's foot associated with fungi and bacteria where inflammation is present.

Dosage and administration:

For topical administration. Apply the cream twice a day to the affected area. Maximum period of treatment is 7 days.

Contra-indications:

Hypersensitivity to any of the ingredients. Tubercular or viral infections of the skin or those caused by Gram-negative bacteria. Use on broken skin, large areas of skin, for treatment longer than 7 days; to treat cold sores and acne; use on the face, eyes and mucous membranes. Should not be used unless prescribed by a doctor during pregnancy and lactation, children under 10 years of age, on the ano-genital region, to treat ringworm or secondary infected conditions.

Precautions:

Care should be taken when applied to extensive surface areas or under occlusive dressings. Long term continuous therapy or application to the face should be avoided.

Side-effects:

Rarely, local sensitivity may occur requiring discontinuation of treatment.

Legal category: P.

Price: 15g tube £4.79.

PL Holder:

Janssen-Cilag Ltd, High Wycombe, HP14 4HJ.

PL: PL 0242/0367.

Date of preparation: August 2001

Further information is available from: Johnson & Johnson MSD Consumer Pharmaceuticals. Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF

References:

1. IMS MDI 1995-Q1 2001.
2. IMS British Pharma Index, year ending Dec 2000.

Continued on page 26 ▶

7.1 million prescriptions to date¹ Now it doesn't need one

new

triple action

Daktacort™ HC cream

treatment of inflamed athlete's foot and sweat rash
antifungal antibacterial anti-inflammatory

Based on the most widely prescribed antifungal/steroid agent,²
Daktacort™ HC is now available in pharmacy

Does not require refrigeration

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CONSUMER PHARMACEUTICALS

Continued from page 24

- there is some evidence that UV directly helps protect against breast cancer by encouraging apoptosis ("suicide") in cancer cells
- people living furthest from the equator have at least two-and-a-half times the risk of breast, colon, prostate and ovarian cancer compared with those near the equator.

This could be due to a lack of vitamin D from too little UV on the skin; vitamin D helps regulate the rate at which cells divide, so it might limit cancer-cell multiplication.

Certainly, women with breast cancer are more likely to have a low vitamin D level. Or it could be associated with a lack of melatonin from the pineal gland. Researchers don't yet know the answer.

- Breast cancer risk is raised in long-haul aircrew and frequent flyers. This may be because frequent jet lag disturbs their sleep-wake cycle, thus lowering their melatonin production. Exposure to ionising radiation at high altitudes may also be a risk factor.

- Breast cancer is more commonly diagnosed in winter.

How light and colour can help:

1. Exposure to bright daylight – preferably in sunlight (with care). This may boost immunity by lifting your spirits, and by UV triggering vitamin D production. But if you have skin cancer, avoid bright sunlight on your skin.
2. Consider using bright light from a light visor or box, to lift spirits and boost immunity.
3. Boost melatonin – a potent antioxidant – by sleeping in a dark room at night and getting bright daylight by day. This may be especially useful for breast cancer and malignant melanoma.
4. Surgeons sometimes remove cancers with laser light.
5. Photodynamic therapy is proving useful for some cancers of the head, neck, mouth, oesophagus, larynx, stomach, lung, colon, pancreas, bladder, vulva, prostate, ovary and skin. It is usually done with a low-power red laser light, but is not yet generally available.

- Penny Stanway qualified in medicine in 1969 and has worked in general practice, research and community health.

Her many books include *Breast is Best*, *New Guide to Pregnancy and Baby care*, *Good Food for Kids* and *Natural well woman*. Her latest is *LifeLight* (Kyle Cathie, £9.99, published October 18).

SSRI link with GI bleeding

Selective-serotonin reuptake inhibitors are associated with an increased risk of upper gastrointestinal bleeding, says a new study in the *British Medical Journal*.

Over six years, 312,824 elderly people were observed as part of a retrospective cohort study for admission to hospital for acute upper GI bleeding in Canada.

After allowing for age or previous GI bleeding, the risk of bleeding increased by 10.7 and 9.8 per cent respectively with increasing inhibition of serotonin reuptake.

SSRIs reduce the concentration of serotonin in the platelets by decreasing the amount of serotonin taken up from the

blood. Serotonin potentiates platelet aggregation, so in the presence of SSRIs, platelet aggregation will be reduced, therefore increasing the risk of bleeding. The increased bioavailability of SSRIs in the elderly may account for the increased antiplatelet effect.

The results should be considered clinically significant when selecting SSRIs for those over 80 years old or patients with previous upper GI bleeds. But for most patients such precautions are probably unnecessary, say the authors.

For more information:

BMJ, 2001;323:655-658
www.bmj.com

H pylori a risk factor for gastric cancer

Gastric cancer develops in people infected with *Helicobacter pylori* but not in uninfected people, say researchers in the *New England Journal of Medicine*.

In a prospective, long-term study of 1,526 Japanese patients, 1,246 were infected with *H pylori* and 280 were not.

After a mean follow-up period of 7.8 years, gastric cancers had developed in 36 *H pylori*-positive patients but not in any of the uninfected patients.

The gastric cancers were detected in patients with non-ulcer dyspepsia, gastric ulcers and gastric hyperplastic polyps but not in those with duodenal ulcers.

For more information:

NEJM, 2001;345:784-789
www.nejm.org

PACT statement centres on diabetes

The prescribing of drugs used in diabetes is the centre page report in the latest quarterly PACT statement sent to GPs in England.

In summary, the report says:

- many people with diabetes remain undiagnosed and the prevalence of diabetes in the UK may double to 3 million by 2010
- cardiovascular morbidity and mortality are reduced if the blood pressure of hypertensive diabetics is aggressively lowered
- Ramipril lowered the risk of a

major cardiovascular event by 25 per cent in patients over 55 years with diabetes plus at least one other cardiovascular risk factor

- Metformin is the drug of choice for overweight patients with type 2 diabetes
- Rosiglitazone and pioglitazone may be considered as part of combination therapy for type 2 diabetes as alternatives to insulin if patients are unable to take a combination of metformin and a sulphonylurea, or if despite this

there is a high blood glucose.

The National Service

Framework on diabetes is due to be published by the Government later this year. Its goals will be to

- decrease the incidence of type 2 diabetes
- improve health outcomes of people with diabetes
- reduce unacceptable variations in services for diabetics.

For more information:

www.ppa.nhs.uk

Dothiepin may be a risk factor for IHD

Tricyclic antidepressants are associated with an increased risk of ischaemic heart disease, according to a new study in the *British Medical Journal*.

In a case-control study of 933 men and women the odds ratios of IHD were significantly raised (1.56) in patients who had ever

received a prescription for a tricyclic, even after adjusting for factors such as diabetes, hypertension, smoking and body mass index. The odds ratio was higher in those patients who had taken dothiepin (1.67).

The risk of IHD rose with increasing dose and number of

prescriptions for dothiepin, but was not affected by time since last exposure to the drug, suggesting that the cardiotoxic effects remain long after treatment ends.

For more information:

BMJ, 2001;323:666-669
www.bmj.com

UK trial will evaluate CJD treatment

The effectiveness of a treatment for Creutzfeldt-Jakob disease will be evaluated in a clinical trial in the UK.

The Department of Health has asked the Medical Research Council to "fast-track" the design of a clinical trial for quinacrine (Mepacrine), following the

treatment of a British woman with variant CJD in San Francisco. Her treatment was based on publication of preliminary evidence which showed that quinacrine, and to a lesser extent chlorpromazine, inhibit the formation of the prion protein in mouse brain cells in vitro.

The evaluation of Mepacrine is part of an ongoing programme of drug development by UK researchers for potential treatments for CJD, says the DoH.

For more information:

www.doh.gov.uk

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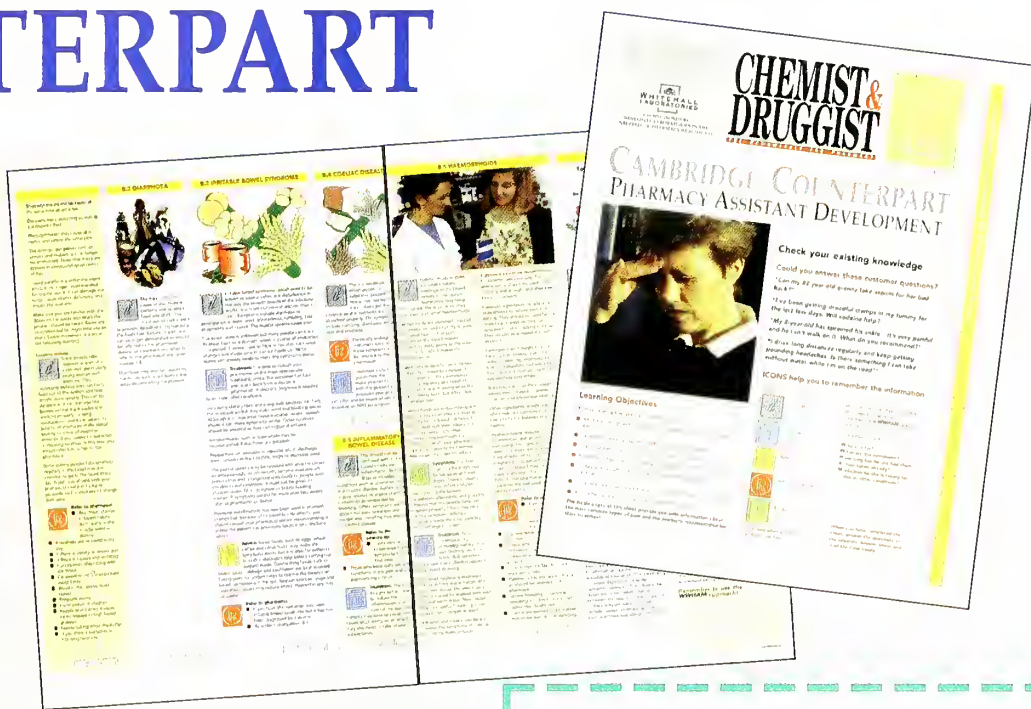
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For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

Scriptlines

Dovonex packs streamlined

Leo Pharmaceuticals is discontinuing 30g and 60g packs of Dovonex (calcipotriol) cream and ointments, from early October. The product will remain available in 120g and 240g sizes. The larger sizes encourage patients to use adequate amounts to treat psoriasis. Research shows that about two-thirds of patients with a poor response to Dovonex became highly responsive when the product was applied more liberally.

For more information:

Leo Pharmaceuticals Ltd.
Tel: 01844 347333.

Casodex targets prostate cancer

Casodex (bicalutamide) 150mg is now licensed for the treatment of localised prostate cancer (LPC) and locally advanced prostate cancer. Patients who have been diagnosed with LPC, but are not receiving treatment because they are asymptomatic, can now take Casodex 150mg as monotherapy. The new indication is based on the Early Prostate Cancer programme involving over 8,000 men. Casodex 150mg was found to reduce the risk of cancer progression by 42 per cent when combined with standard therapy.

For more information:

AstraZeneca UK Ltd
Tel: 01923 266191.

Lotriderm still available

Lotriderm (betamethasone dipropionate and clotrimazole) cream is still available in 30g tubes.

Price: £6.34

Pack size: 30g tube
Pip code: 277-7316
Dominion Pharma Ltd
Tel: 01428 661078.

Aranesp dose correction

Aranesp, the new treatment for anaemia in chronic kidney failure from Amgen, has a once weekly dosage, not three times a week as stated in *Medical Update*, C&D, August 18, pVIII.

For more information:

Amgen Ltd
Tel: 01223 420305.

Frontshop

Echinacea fights ENT infections

Bioforce is introducing an echinacea product formulated to help prevent recurrent ear, nose and throat infections in children.

Echinacea Complex is an organic fresh herb extract that contains echinacea to boost the immune system and plantago for its anti-catarhal action.

The product can be used for children's ear, nose and throat ailments, middle ear infections, glue ear, catarrhal

tendencies and recurrent infections.

It is suitable for children from two years upwards. Dosage varies according to age. It can be taken safely as a prophylactic during the winter months or during exposure to infection.

Price: £4.79

Pack size: 30ml
Pip code: 282-9075
Bioforce UK Ltd
Tel: 01294 277344.



Blackcurrant pastilles for Olbas range

G R Lane has added a sugar-free blackcurrant pastille to its Olbas range.

Olbas Blackcurrant Pastilles are formulated to give symptomatic relief for colds, coughs, catarrh, sore throats, flu, catarrhal headache and nasal congestion.

The pastilles contain natural ingredients, including eucalyptus, peppermint, juniperberry, wintergreen and clove oils and levomenthol.

The Olbas brand will be supported by a £1.5 million TV and press advertising campaign.

Price: £2.29

Pack size: 40g
Pip code: 279-4212
G R Lane Health Products Ltd
Tel: 01452 507458.



Stronger message for Caltrate Plus

Whitehall Laboratories is introducing a 30-tablet pack for its Caltrate Plus bone-fortifying supplement.

The pack is available for both Caltrate Plus "swallow" tablets and the fruit-flavoured chewable tablets.

The brand also has a new design featuring the message "helps keep bones stronger for longer".

The strength of the product is highlighted with the wording "high strength calcium tablets".

The tablets contain calcium with vitamin D for strong bones, combined with nutrients magnesium, manganese, boron, copper and zinc.

The packs incorporate a change in the recommended dosage to either one or two tablets daily.

Price: £3.99

Pack size: 30 tablets
Pip code: 282-4498 (swallow), 282-4480 (chewable)
Whitehall Laboratories Ltd
Tel: 01628 669011.

Weight management OTC

Pharmagenics Healthcare is launching an OTC pharmacy supplement for those following a weight management programme.

CLA Plus capsules contain conjugated linoleic acid (CLA), stabilised with extract of rosemary.

The supplement has been developed to make it possible to lose fat mass without

accompanying loss of muscle mass. It is formulated to help increase the release of fat from the body's fat deposits, as well as the oxidation of fats.

Price: £19.95

Pack size: 60 capsules
Pip code: 279-7512
Pharmagenics Healthcare Ltd
Tel: 020 7701 2720.

Product Information Nurofen For

Children: Suspension containing ibuprofen 100 mg/5 ml. **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever: The daily dosage of Nurofen For Children is 20-30 mg/kg bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 years: Two 5 ml spoonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only.

Contraindications: Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:** If symptoms persist for more than 3 days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen for Children. Nurofen For Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side**

effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects are rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia has been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product**

Licence Number: PL 00327/0085. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** Pack size 100ml: £3.35 Pack size 150 ml: £4.59. **Date of preparation:** June 2001. NU281.



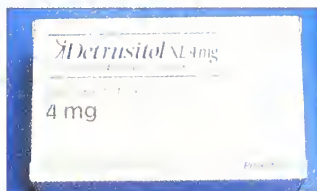
Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.

Scriptlines

Daily Detrusitol

Pharmacia has added Detrusitol XL (tolterodine tartrate 4mg prolonged release capsules), to be taken once a day, to its range. They are licensed for treating urge incontinence and/or



increased urinary frequency associated with urgency. Clinical studies show Detrusitol XL is more effective than Detrusitol tablets (twice daily) for reducing urge incontinence, and is less likely to cause dry mouth.

Price: £29.03

Pack size: 28 capsules

Pip code: 282-6345

Pharmacia Ltd

Tel: 01908 661101.

Twinrix update

SmithKline Beecham's Twinrix vaccine for hepatitis A and B now has an accelerated vaccination schedule. Twinrix can now be given at 0, 7 and 21 days with a fourth dose at 12 months, to cover travellers who do not ask for vaccination until a month or so before travelling. The accelerated programme gives 100 per cent sero-protection against hepatitis A and 80 per cent against hepatitis B, one week after the third dose. The existing regime of 0.1 and six months remains valid.

For more information:

SmithKline Beecham Pharmaceuticals
Tel: 01707 325111.

Fertility injections

Serono Pharmaceuticals has launched two injections for fertility problems: Luveris (lutropin alfa) 75IU, a leuteinising hormone, and Ovitrelle 250mcg, containing choriogonadotropin alfa (about 6,500IU). Both products are only available direct from Serono and pharmacists must order them by noon to ensure next-day delivery. There is a charge for same-day delivery. For orders call 020 8818 7300.

Price: £39.19 both products

Pack size: single injections

Pip code: Luveris 282-8713, Ovitrelle 282-8705

Serono Pharmaceuticals Ltd

Tel: 020 8818 7200.

Frontshop

Pifco's ultrasonic brush-up

Pifco will launch an ultrasonic American electric oral care system in the UK from October.

The Ultrasonex range has been available in the USA since 1993, but this is the first time it has been introduced into the UK. It utilises ultrasound technology, which is used worldwide in dental surgeries to clean and polish teeth.

The "dual frequency" toothbrush combines an ultrasonic wave with the power of sonic movement. It works by emitting a 1.6 MHz ultrasonic wave from a crystal contained in the brush head.

Combined with the gentle sonic movement of the bristles, this wave penetrates below the gum line to destroy plaque and bacteria.

Pifco claims that the toothbrush will remove stains and restore the natural whiteness of teeth.

The Ultrasonex range also includes two Sonipick flossers. These single-handed flossers are available in a rechargeable or battery-operated version.

The Ultrasonex Single Toothbrush will be available to pharmacies through Mashco. A Twin Brush version will initially be exclusive to Boots.

Price: single toothbrush £99.00,

Sonipick rechargeable £29.99,

Sonipick battery-powered £14.99

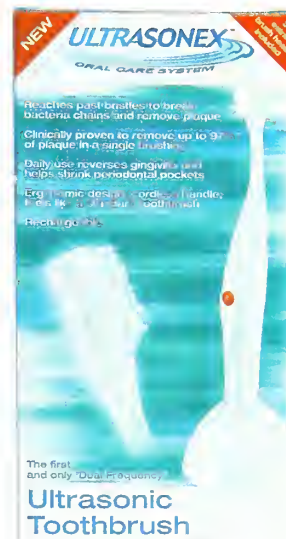
Pip code: single toothbrush 282-9083,

Sonipick rechargeable 282-9091,

Sonipick battery powered 282-9109

Distributor: Mashco plc

Tel: 020 8204 2224.



A Simple way for sensitive hands

Accantia Health & Beauty is expanding its Simple range into the liquid hand-wash sector.

Simple Pure Cleansing Hand Wash and Vitamin Moisturising Hand Wash are both formulated for sensitive skin.

Pure Cleansing Hand Wash contains chamomile oil and pro-

vitamin B5 to cleanse and condition sensitive hands. It also contains an odour neutraliser, making it suitable for use in the kitchen.

Vitamin Moisturising Hand Wash contains vitamin E and Pro-Vitamin B5 to cleanse, nourish, moisturise and protect hands.

Both products come in a pump bottle.

Price: £2.09

Pack size: 250ml

Pip code: Pure Cleansing

280-3997, Vitamin Moisturising 280-4003

Accantia Health & Beauty Ltd

Tel: 0121 327 4750.

A breath of fresh air from L'Oréal

L'Oréal is introducing a new foundation that combines long-lasting, soft-matte coverage with a light texture that lets the skin breathe freely.

Air Wear has an oil-free, water-based formulation that is easy to blend and gives a refreshing sensation when it is applied to the skin. The formulation also contains SPF 12 to protect the skin from damaging UV rays.

The packaging features a dispenser nozzle to allow the delivery of the right amount of product.

The foundation is available in six shades - Soft Ivory, Sand Beige, Light Beige, True Beige, Nude Beige and Honey Beige.

Price: £9.99

Pack size: 30ml

Pip code: See Price List

L'Oréal Group UK

Tel: 020 8762 4000.

Neutrogena hits the spot

Neutrogena Clear Pore Cream Wash is a new daily cleanser for the face and neck, which helps to keep the skin free from spots.

The product's creamy lather is formulated with salicylic acid to help fight spots and keep skin

clear. It also contains aloe and chamomile to leave the skin soft, clean and fresh.

Price: £4.99

Pack size: 200ml

Pip code: 281-6817

Johnson & Johnson Ltd

Tel: 01628 822222.

Seeing is believing with new Pocket-Specs



New in the Superspecs range is Pocket-Specs - a slim, optical quality gold-coloured metal unisex half-eye frame with concealed spring sides.

The range is supplied with a free compact aluminium case and display stand.

The spectacles are available in six powers and come with four different colour cases.

The trade price is £108 for 24 glasses and stand.

Price: £12.99

Direct Perception Ltd

Tel: 0208 551 1315.

ONE RASH DECISION YOU WON'T REGRET



When it comes to eliminating sweat rash, you can't choose a more effective treatment than Canesten Hydrocortisone. That's why it's the number 1 pharmacy recommendation for sweat rash.¹

Nothing is more reliable for rapidly soothing irritated, inflamed skin and clearing the fungal infection at the source of the problem.² Canesten Hydrocortisone makes common sense for sweat rash.

YOU AND CANESTEN CAN

Product Information for Canesten Hydrocortisone. Canesten Hydrocortisone cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone. **Indications:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin

conditions. **Warnings and Precautions:** Long term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P **Cost:** £4.79. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Date of Preparation:** May 2000

References:

1. IMS Health – Self Medication UK Feb 2000. 2. Liszkay M, Mohr CP. Haut 1995; 7: 1-10.

Scriptlines

Solian solution

Sanofi is introducing Solian (amisulpride 100mg/ml) oral solution on October 1. It is indicated for the treatment of acute and chronic schizophrenic disorders, in which positive and/or negative symptoms are prominent. It comes with a patient information leaflet and a dosage pipette graduated in milligrams rather than mls of Solian. It is a clear yellow liquid with a caramel flavour and has a shelf life of two months after first opening. It should be drunk with a liquid not containing alcohol.

Price: £33

Pack size: 60ml

Pip code: 282-9067

Sanofi Synthelabo Ltd

Tel: 01483 505515.

SPC update for Tramadol

Sterwin Medicines has updated the SPC for tramadol hydrochloride injection 100mg/2ml. The product is now indicated for the intravenous route only and not the intramuscular route. This change is not due to a clinical evaluation, but is a regulatory decision.

For more information:

Sterwin Medicines Ltd

Tel: 01483 505515.

Nutricia expands range

Nutricia Clinical Care will be launching Nutrison Energy Multifibre on October 1. This is an addition to the Nutrison range of feeds. It is licensed as a nutritional supplement and for disease related malnutrition. Multifibre, available in 500ml glass bottles and 1 litre packs, can be prescribed.

Price: £3.95 500ml, £7.90 1 litre

Pip code: 500ml 282-2021, 1 litre 282-2047

Nutricia Clinical Care

Tel: 01225 768381.

Tritace 21 pack

Aventis Pharma will be introducing Tritace (ramipril) 5mg in a pack size of 21 on October 1. The smaller pack size is designed to aid dose titration. The 28 pack will still be available.

Price: £7.17

Pack size: 21 capsules

Pip code: 282-8614

Aventis Pharma Ltd

Tel: 01732 584000.

Frontshop

Bodyform feminine hygiene range adds performance

SCA Hygiene Products is relaunching its Bodyform feminine hygiene range.

Bodyform towels have been redesigned for more comfort, reliability and improved absorption.

The brand will be split into three groups – Bodyform Invisible, Bodyform Classic (standard towels) and Bodyform Goodnight.

The towels now have rounded edges and are narrower in the middle for better comfort and fit. A new semi-hydrophilic surface material gives

improved softness and a reduction in chaffing.

Eye-catching new packaging features a larger brand logo, and packs have been redesigned to make product selection easier.

The relaunch will be supported by a £2.5 million marketing programme, including a TV campaign, press advertising in women's magazines, door drops and sampling.

For more information:

SCA Hygiene Products Ltd

Tel: 01582 677400.



Loud 'n Clear targets retail market

Rayovac is targeting its Loud 'n Clear hearing aid battery at the retail market with new packs of four batteries.

The Zinc Air batteries are available in four sizes – 10, 312, 13 and 675.

The batteries come in black and gold packaging. Colour coding helps customers to distinguish between the different sizes.

PoS material includes information leaflets and window and shelf stickers.

● USA trends indicate that consumers will shift their hearing aid battery purchases from the hearing care professional channel to the retail channel.

Price: £3.49

Pack size: 4 batteries

Pip code: 282-1320 (size 10), 282-1338 (size 13), 282 1346 (size 312), 282 1353 (size 675)

Rayovac Europe Ltd

Tel: 0800 220809.

Kodak launches promotion

Kodak is running a nationwide consumer promotion timed to capitalise on the pre-Christmas sales push.

The competition supports Kodak's range of added-value promotions through the winter including "3 for 2" and "12 and 15 shots free" on Kodak Ultra films and single use cameras.

First prize is "A Party in Hollywood" for the winner and three friends. Every customer entering the competition receives a guaranteed £10 off the bill for two adult main course meals at participating TGI Friday restaurants.

For more information:

Kodak Ltd

Tel: 01442 261122.

£5 off glucose test system

Roche Diagnostics is offering £5 off the normal selling price of £20 to consumers for its new Accu-Chek Active blood glucose testing system.

Vouchers will be distributed to

pharmacies and practice nurses.

Roche will redeem vouchers accepted as part-payment.

For more information:

Roche Diagnostics Ltd

Tel: 01273 480444.

TVnext week

Bassett's Soft & Chewy Vitamins: GMTV, C5

Clearblue Pregnancy Test: G, A, W

Nicorette: All areas

Nurofen: STV, Y, C, A, HTV, W,M, LWT, CAR, C4, C5, Sat

Oxy: All areas except U, CTV

Panadol: All areas except U,CTV, TSW

Regaine: ITV, C4, C5

PharmaSite for next week: Calpol Fast Melts – Window, Calpol Fast Melts – In-store, Canesten Hydrocortisone – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

NEW

ZOLVERA™

40mg/5ml Oral Solution Verapamil Hydrochloride

The First Licensed Oral Liquid Verapamil



If your patient has difficulty swallowing Verapamil tablets or capsules, Rosemont has the solution.

Zolvera™ is the first 40mg/5ml licensed oral liquid Verapamil Hydrochloride.

another easy to swallow option from...



THE SPECIALISTS IN ORAL LIQUID MEDICINES

Abbreviated Prescribing Information. Presentation: Zolvera is an oral solution containing verapamil hydrochloride 40mg/5ml. **Therapeutic Indications:** Treatment of mild to moderate hypertension, treatment and prophylaxis of chronic stable angina, vasospastic angina and unstable angina, treatment and prophylaxis of paroxysmal supraventricular tachycardia and the reduction of ventricular rate in atrial fibrillation when not associated with Wolff-Parkinson-White syndrome. **Posology: Adults: Hypertension:** Initially 120mg daily, increasing to 160mg b.d. when necessary. In some cases, dosages of up to 480mg daily, in divided doses, have been used. A further reduction in blood pressure may be obtained by combining verapamil with other antihypertensive agents, in particular diuretics. For concomitant administration with beta-blockers see Precautions. **Angina:** 120mg t.i.d. is recommended. 80mg t.i.d. can be completely satisfactory in some patients with angina of effort. Less than 120mg t.i.d. is not likely to be effective in variant angina. **Supraventricular tachycardia:** 40-120mg t.i.d. according to the severity of the condition. **Children:** Up to 2 years, 20mg, 2-3 times a day. 2 years and above 40-120mg, 2-3 times a day, according to age and effectiveness. **Elderly:** The adult dose is recommended unless liver or renal function is impaired (see Precautions). **Contra-indications:** Hypersensitivity to any of the ingredients, cardiogenic shock, acute myocardial infarction complicated by bradycardia, hypotension or left ventricular failure, second or third degree atrioventricular block, sinoatrial block, sick sinus syndrome, uncompensated heart failure, bradycardia of less than 50 beats/minute; hypotension of less than 90mmHg systolic, concomitant ingestion of grapefruit juice. **Special Warnings and Precautions:** Careful dose titration of verapamil is required in patients with liver disease and careful patient monitoring is recommended in patients with renal impairment. Verapamil is not removed during dialysis. Verapamil should be used with caution in patients with first degree AV block. Patients with atrial flutter/fibrillation in association with an accessory pathway (e.g. WPW syndrome) may develop increased conduction across the anomalous pathway and ventricular tachycardia may be precipitated. Verapamil may affect left ventricular contractility, this effect is small and normally not important but cardiac failure may be precipitated or aggravated. In patients with incipient cardiac failure, therefore, verapamil should be given only after such cardiac failure has been controlled with appropriate therapy (e.g. digitalis). When treating hypertension with verapamil, monitoring of the patient's blood pressure at regular intervals is required. It contains benzoic acid which can irritate skin, eyes and mucous membranes. It may also increase the risk of jaundice in newborn babies. It also contains liquid maltitol which may cause diarrhoea. **Interactions:** **Digoxin:** verapamil has been shown to increase the serum concentration of digoxin and caution should be exercised with regard to digitalis toxicity. **Beta-blockers, anti-arrhythmic agents or inhaled anaesthetics:** The combination with verapamil may lead to additive cardiovascular effects (e.g. AV block, bradycardia, hypotension, heart failure). Intravenous beta-blockers should not be given to patients under treatment with verapamil. **Carbamazepine, cyclosporin and theophylline:** Use of verapamil has resulted in increased serum levels of these medications, which could lead to increased side effects. **Rifampicin, phenytoin and phenobarbitone:** Serum levels of verapamil are reduced. **Lithium:** Serum levels of lithium may be reduced (pharmacokinetic effect), there may be increased sensitivity to lithium causing enhanced neurotoxicity (pharmacodynamic effect). **Cimetidine:** Increase in verapamil serum level is possible. **Neuromuscular blocking agents employed in anaesthesia:** The effects may be potentiated. The effects of verapamil may be additive to other hypotensive agents. **Grapefruit Juice:** An increase in verapamil levels has been reported. **Pregnancy and Lactation:** verapamil should not be given during the first trimester of pregnancy unless it is essential for the welfare of the patient. Verapamil is excreted into the breast milk in small amounts, and as rare hypersensitivity reactions have been reported, it should only be used during lactation if essential for the welfare of the patient. **Effects on Ability to Drive and Use Machines:** The patient's ability to drive a vehicle or operate machinery may be impaired. This is particularly true in the initial stages of treatment, or when changing over from another medication. The effects of alcohol may be exaggerated. **Undesirable Effects:** verapamil is generally well tolerated. Side effects are usually mild and transient and discontinuation of therapy is rarely necessary. **Endocrine:** On very rare occasions, reversible gynaecomastia has been observed in elderly male patients under long-term verapamil treatment. Rises in prolactin levels have been reported. **Cardiac:** Particularly when given in high doses or in the presence of previous myocardial damage, some cardiovascular effects of verapamil may occasionally be greater than therapeutically desired: bradycardia, arrhythmias, such as sinus bradycardia, sinus arrest with asystole, second and third degree AV block, bradyarrhythmia in atrial fibrillation, hypotension, development or aggravation of heart failure. **Hepato-biliary:** A reversible impairment of liver function, characterised by an increase in transaminase and/or alkaline phosphatase may occur and is most probably a hypersensitivity reaction. **General:** Constipation may occur. Flushing is observed occasionally and headaches, nausea, vomiting, dizziness, fatigue and ankle oedema have been reported rarely. Allergic reactions (e.g. erythema, pruritus, urticaria, Quincke's oedema, Stevens-Johnson syndrome) are very rarely seen. Reversible gingival hyperplasia may occur when the drug is administered over prolonged periods. Erythromelalgia and paraesthesia may occur. In very rare cases, there may be myalgia and muscle pain. **Overdose:** The course of symptoms depends on the amount taken, the point in time at which detoxification measures are taken and myocardial contractility (age-related). The main symptoms are blood pressure fall, shock symptoms, loss of consciousness, first and second degree AV block, total AV block with total AV dissociation, escape rhythm, asystole, sinus bradycardia, sinus arrest. Treatment includes: Gastric lavage and the usual intensive resuscitation measures. Specific measures to be taken: Elimination of cardiodepressive effects, hypotension or bradycardia. The specific antidote is calcium, e.g. 10-20ml of a 10% calcium gluconate solution administered intravenously (2.25 - 4.5mmol), repeated if necessary or given as a continuous drip infusion (e.g. 5mmol/hour). The following measures may also be necessary. In case of second and third degree AV block, sinus bradycardia, asystole, atropine, isoprenaline, atropine, isoprenaline or pacemaker therapy. In case of hypotension after appropriate positioning of the patient, dopamine, dobutamine, noradrenaline. If there are signs of continuing myocardial failure, dopamine, dobutamine, cardiac glycosides or if necessary, repeated calcium gluconate injections. **Shelf life and Storage:** 24 months, 3 months once opened. Do not store above 25°C. **Pack Size and XHS Price:** 150ml £39.25

Legal Category POM Marketing Authorisation Number: 00427/0130 Marketing Authorisation Holder: Rosemont Pharmaceuticals Ltd, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE UK. Date of Preparation: June 2001

The removal of RPM on May 15 signalled the advent of a new era for the pharmacy trade and OTC market, but its impact has not been as significant as originally anticipated. *Information Resources* analyses the effect of the wave of headline price-cuts that followed

RPM: no change so far

One of the first observations that can be made post-RPM is that the OTC market's value is down. Tracking total OTC value sales for the first eight months of this year showed that pre-abolition, sales were considerably higher (roughly 10 per cent) than the same time in the previous year, but post-RPM slumped to the same levels.

Removing RPM has eroded the yearly growth expected from the OTC market. However, the seasonal peak for winter remedies was later, but lower, than the 1999/2000 season, and this partly explains the strong growth up to May. As a result, it's better to compare post RPM sales with the same period a year ago to get a truer comparison.

Sales growth for the 12 weeks following abolition compared to the previous year is 2.1 per cent, indicating an overall slow down in growth. It should be noted that strong seasonal sales of hay fever remedies and growth in other categories not influenced by the changes in legislation, such as medicated skincare and eye care, have partly disguised the true impact caused by abolition.

Comparing volumes for the same periods shows annual growth at -0.3 per cent, versus +0.3 per cent in the latest 12 weeks. But the increase in volume sold is not due to RPM. As with value, this increase is accounted for by a strong hay fever season (in value and volume) and other growth categories like smoking cessation and medicated skincare.

In general, RPM prices are holding. Promotional activity has not been as widespread as originally anticipated, although there has been deep price-cutting in selected areas of the market – vitamins and minerals and adult oral analgesics – and on selected brands. Within hours of the decision, supermarkets were making headline cuts on big brands and Boots was even offering 3 for 2s on some.

Activity was mostly limited to general sales licence (GSL) products. The two brands most commonly outlined for this were



“Longer-term expectations are that there will be a big reduction in the overall OTC market value”

Nurofen and Anadin, having prices of selected SKUs (stock keeping unit) slashed across most of the major retailers, often by up to 50 per cent.

So what impact have the promotions had? Where products were promoted, the results were often improved share, but static value sales. For example, where Nurofen was on offer at half price, volumes typically doubled, selling twice as much at half the price, while revenues remained static.

Promoting multiple chains and brands gained share. However, increases in volumes sold when on promotion have been relatively low compared to what can be expected for mainstream grocery and toiletry products on similar offers.

It is difficult to use pricing mechanisms or promotional

activity to introduce users who would not normally consume these products, implying that activity has rewarded existing customers and caused switching or trading up – particularly from own label.

To establish where the value decline in the latest 12 weeks has come from, it is the big sectors that are determining the overall trend. The sectors singled out for promotions in the last 12 weeks were vitamins and minerals (-3.5 per cent), smoking cessation (13.3 per cent), gastro-intestinal (1.1 per cent) and pain relief (1.9 per cent).

While this growth in value sales might superficially suggest RPM has had a positive impact, value growth was stronger before the removal of RPM (with the exception of smoking cessation).

The trend in adult oral

analgesics in previous years has been strong year-on-year growth of about 10 per cent, driven by price increases, the growth of ibuprofen at the expense of paracetamol and a move towards new, premium-priced products. Since RPM abolition, sales increased only slightly in the first four weeks driven by massive increases in the unit sales of Nurofen, but subsequently slipped. This trend was seen across all the promoting sectors.

In smoking cessation, any gains have been made through a move for brands to GSL status rather than price-cutting or promotional activity, and in vitamins and minerals, most promotions have been on own-label products and have been driving value down.

Any value growth seen in the last year has been due to improved seasonal demand or yearly market trends. Total demand has not increased in value or volume as a result of RPM abolition.

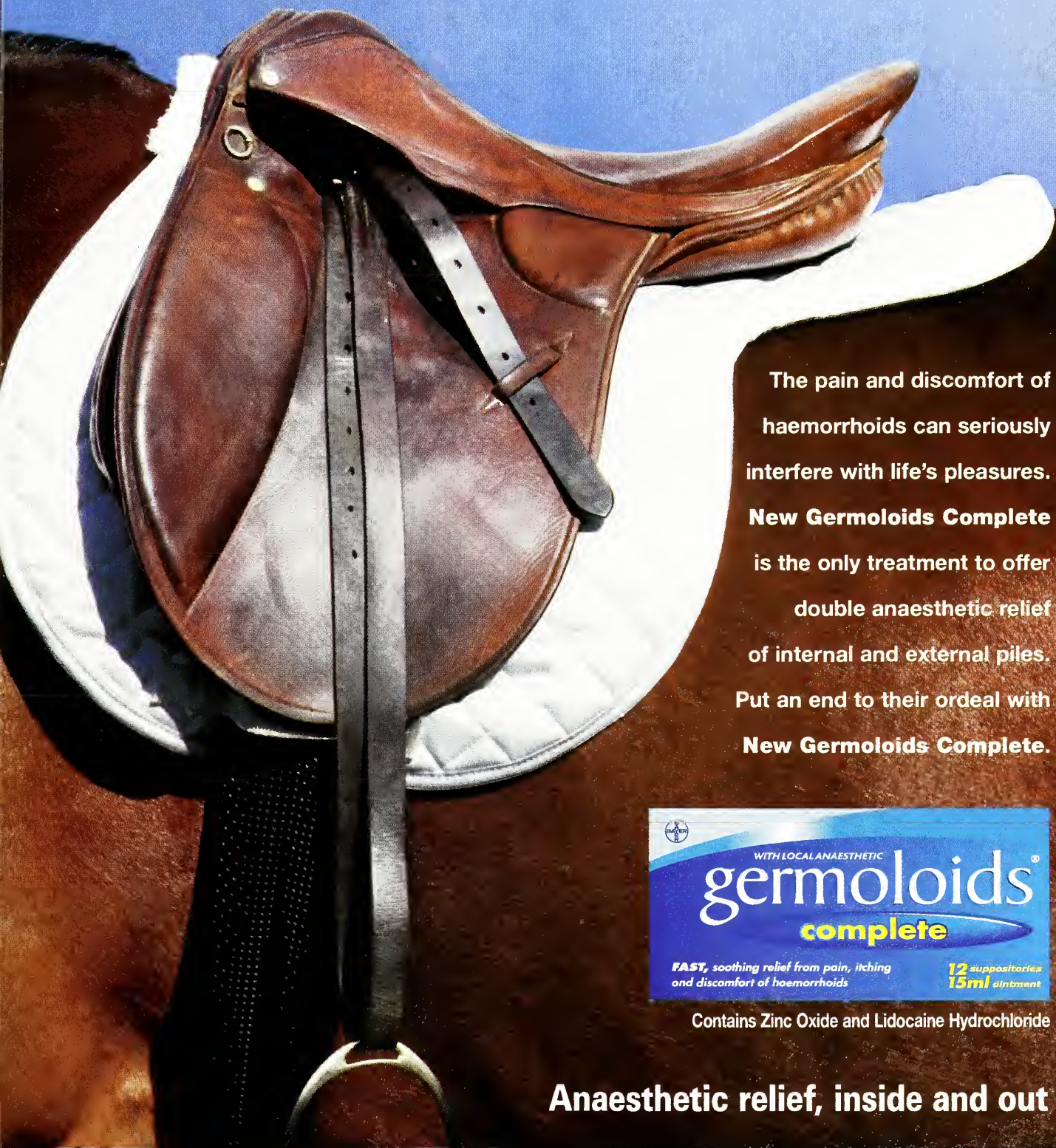
In adult oral analgesics, some of the most “successful” promotions have doubled unit sales, but price-cutting means that even for these products value is static. Volume increases are not likely to be as a result of increased consumption, but from switching between brands and retailers.

Longer-term expectations are that there will be a big reduction in the overall OTC market value, although the extent of this will depend on the level of price-cutting and EDLP (every day low price) adopted by the retailers. There may be a gradual increase in volumes sold as lower prices encourage self-medication.

The switch to grocery is likely to continue. It is GSL and grocery lines that will benefit most from the price cuts, making supermarkets and in-store pharmacies the more popular shopping destinations. But for most medicine products it is “no change so far”.

**information
resources**

Conquer the nightmare of haemorrhoids



The pain and discomfort of haemorrhoids can seriously interfere with life's pleasures. **New Germoloids Complete** is the only treatment to offer double anaesthetic relief of internal and external piles. Put an end to their ordeal with **New Germoloids Complete.**



Contains Zinc Oxide and Lidocaine Hydrochloride

Anaesthetic relief, inside and out

Prescribing Information for Germoloids® Complete (Refer to Summary of Product Characteristics before prescribing)
Presentation **Germoloids® Complete** tube of ointment (15ml) containing 6% w/w zinc oxide and 0.7% w/w lidocaine hydrochloride, plus suppositories (12) consisting of 283.5mg zinc oxide and 13.2mg lidocaine hydrochloride.
Indications: Symptomatic

relief of pain, swelling, irritation and itching associated with haemorrhoids (piles) and pruritus ani. **Dosage and administration** **Adults and children over 12:** Apply ointment to the affected area at least twice a day, with a minimum of 3 to 4 hours between applications. Do not use more than 4 times in 24 hours. Insert one suppository into the rectum on retiring at night and in the morning. If necessary the suppository may be used

at any time of day with a minimum of 3 to 4 hours between suppositories. Do not use more than 4 suppositories in 24 hours. **Children under 12:** Only as directed by a doctor. **Contra-indications:** Hypersensitivity to ingredients. **Warnings and Precautions:** A doctor should be consulted before taking Germoloids Complete if the patient continually suffers from haemorrhoids, has severe haemorrhoids or experiences excessive

bleeding. **Side effects:** Ointment and suppositories Very rarely increased irritation at site of application. Ointment Rarely rashes, very rarely burning sensation at site of application. **Use in Pregnancy:** Medical advice should be sought. **Cost: £5.49. MA number:** PL 0010/0277. **MA holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** GSL. **Date of Preparation:** September 2001



The public interest will drive the Royal Pharmaceutical Society agenda in the years ahead, its president, **Marshall Davies**, said at the British Pharmaceutical Conference in Glasgow as he pledged support for the Government's plans for the NHS

'The public interest is our interest'

If the Royal Pharmaceutical Society does not deliver robust, transparent mechanisms for assuring competence and conduct, then other ways of achieving this will be imposed on pharmacists, the president, **Marshall Davies**, said last Sunday at the opening of the BPC.

The professions are increasingly being asked to justify the faith the public puts in them, he said. "For the Society, the only legitimate interest to pursue on its members' behalf is the public interest."

The new overarching Council for the Regulation of Health Care Professionals will be there to reinforce that message and ensure the professions fulfil their obligations. "Make no mistake, this is an explicit message from Government," warned Mr Davies.

The president re-affirmed the Society's support for a patient-centred NHS based on a quality agenda, and said it has "enthusiastically embarked" on reshaping its constitution and powers.

He called for a "carefully managed period of transition" to build on the services provided by



RPSGB president Marshall Davies: "Community pharmacy needs a carefully managed period of transition"

community pharmacies to the types of services called for in the NHS plan, *Pharmacy in the Future*. It will take two or three years at least for the new pattern of services to come in to being nationally, he said.

In the future, community pharmacy services are likely to be far more targeted towards different groups and varying local needs than now. "Pharmacists will

increasingly be working in general practices or in locations with other primary healthcare providers, he said. "If this is in the public interest then it has to be in the profession's interest as well."

But he warned that it would not be in the public interest for community pharmacists to lose their place as facilitators of self-care outside formal health service

environments. "If this were to happen the workload of doctors and nurses could be needlessly increased and the overall level of service diminished."

In England, immediate advances outside hospitals are likely to be secured in the areas of repeat dispensing and supplementary prescribing, said Mr Davies.

The Society hopes to avoid the delays that affected the nurse prescribing agenda. For clinical pharmacists working in or closely with general practices, supplementary prescribing has vital potential.

To deliver results for the NHS pharmacists will need a modern regulatory framework, support for continuing professional development and robust professional and political partnerships, he added.

"We cannot be seen to be fighting to preserve an idealised past or be distracted by narrow sectional agendas. We owe it to future generations of pharmacists to grasp the challenge of change so that we realise the opportunities for our profession, and secure the best services for patients."

Research suggests a third way is needed for drug usage in UK nursing homes

Legislation to control the prescribing of medicines in residential homes is not the best way forward, according to Dr Carmel Hughes, from the Queen's University of Belfast.

It leads to a fixation with drugs under inspection and a focus on preventing "bad drugs" being prescribed, rather than promoting beneficial therapies.

Drawing on research she carried

out in the USA (see p40), Dr Hughes also identified under-use of pain management in terminally ill patients, and of appropriate therapies for conditions such as diabetes, heart failure, stroke and Parkinson's disease.

At present nursing homes in the UK have to comply with the National Minimum Standards in Care Standards Act 2000, but this does not cover medication issues.

There is a National Service Framework for the Elderly, and a Royal Commission has looked into long-term care in its report *With Respect to Old Age*.

"There is a lack of coherent strategy to improve prescribing in this vulnerable population," claimed Dr Hughes. But she warned that legislation was no panacea and would be opposed by health professionals.

She advocated a "third way" for the UK involving:

- systematic data collection
- monitoring, assessment and prospective intervention
- a focus on outcomes
- a regulatory system that promotes continuous quality improvement rather than paper compliance with the rules
- advocacy for older people.

Consumers fear power of drug industry

Unfettered access to health information on the internet is blowing away any vestige of the old patient-professional relationship, said John Waite, presenter of the BBC Radio 4 programme, *You and Yours*.

Medicines, ethics and the pharmaceutical industry are regular concerns for his listeners,



Professor Bill Dawson, who gave a speech about the future prospects of medicines: "It would be foolish not to recognise that new medicines have meant a better quality of life for thousands of patients over the past decades"



BBC Radio 4 presenter John Waite: "There has never been a public inquiry into a drug disaster – yet after Paddington we spent millions..."

he said at the BPC on Sunday, giving a provocative consumer perspective on how the public views modern medicine.

One woman listener had suggested that, with better informed patients, the regulations on the supply of medicines could be "deconstructed", diagnosis could be automated and GPs downrated to prescribing advisers.

The sheer size of the modern pharmaceutical industry frightens people. Science can be scary and can get out of control. It was no

coincidence that the press's drubbing of genetically-modified foods as Frankenstein food struck a chord.

The public fears the industry's power, and doubts the controls that supposedly keep it in check. Two-thirds of the Government board that licenses medicines have financial interests in drug companies, alleged Mr Waite.

There is a real conflict between commercial and therapeutic imperatives in relation to new drugs. "We have had a stream of correspondence over Zyban.

People want to know how you can have 50 deaths from a quit smoking drug that's barely more effective than nicotine chewing gum," he said.

Increasing amounts of skewed and misleading data reported in clinical trials sponsored by drug companies have persuaded respected medical journals to introduce controls to try and limit the abuse.

"We all agree that there are many complexities and problems with all kinds of drugs, but it seems we are slow to pick up on these and we are not doing it in the right way," said Mr Waite. "There has never been a public inquiry into a drug disaster, yet 30 people die in Paddington and we spend millions."

Is it any wonder consumers have turned to alternative therapies? he asked, even though there is virtually no research to prop up their claims.

"Like your customers, the main problems pharmacists face are the making of the pharmaceutical industry – and the difficulties in calling it to account."

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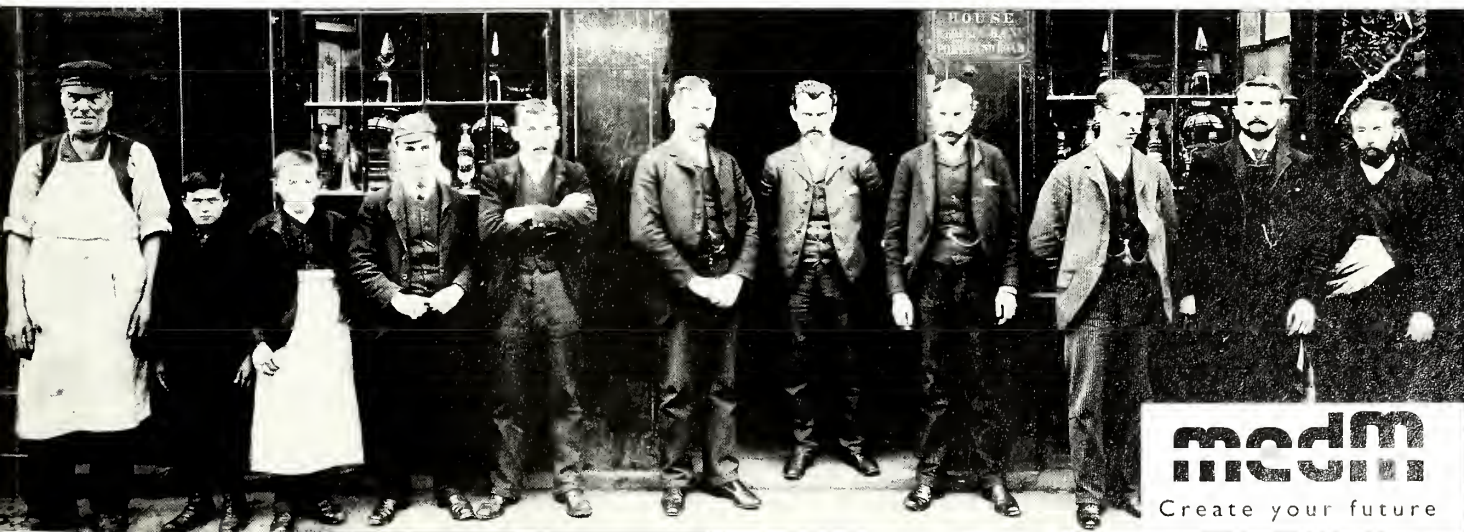
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PCT chief says stop the tribalism

People still value community pharmacies but there are serious concerns about the lack of standards and continuing professional development, according to the chief executive of North Peterborough Primary Care Trust.

"Quality is variable and good practice is not being universally adopted, said Chris Town. He warned that professions which do not think about how they can work within the new NHS will perish.

He called for the creation of integrated teams to provide better organised and co-ordinated primary care services. "We need to get people out of their silos and stop the tribalism," he said.

"Many GPs are still unaware of what pharmacists and nurses can do for them."

Local pharmaceutical service pilots will be starting soon, he said, and they will be similar to personal medical services, with a focus on outcomes and quality of service. "They will reward pharmacists for what they do. There is no guidance and the pioneers will write the rules," he said. "It is a real opportunity to knock some of the traditional stuff on the head."

Pharmacists should be an integral part of the team, rather than running a business down the road, he said, and should be developing integrated local pharmaceutical services with

hospital, community and pharmacist prescribing advisers working together.

North Peterborough PCT is a site for one of the medicines management projects being co-ordinated by the National Prescribing Centre. "It is a really exciting opportunity," said Mr Town.

His PCT is also involved in the electronic prescribing pilot being led by Sema, and supported by Boots, Cable & Wireless, Microsoft and the national Co-op. He is an advocate of the "relay" or "pull" model, where a script is posted to a relay server and pulled down by a pharmacy when a patient comes in.

Don't rush for first wave of LPS pilots

Pharmacists should not rush in to the first wave of pilots for local pharmaceutical services, warned a health economist this week.

Dr Darrin Baines said that it was inevitable that in the early stages of LPS pilots there will be issues to be resolved and mistakes will be made as part of the "bedding down" process.

"Unless pharmacists have had experience of running projects and have a very supportive primary care organisation they should wait for the second or third wave of pilots," he said at the British Pharmaceutical Conference.

"Pharmacists should be well prepared and learn as much as they can before applying to join an LPS scheme."

However, they should not view the LPS schemes as a threat. "It is not about giving pharmacy away to the doctors or nurses. The pilots will be about putting pharmacists in a stronger position and proving what a good job they do," he said. "If LPS pilots are designed properly they will be like a breath of fresh air."

Dr Baines estimates that the first wave of pilots will begin sometime next year.

Shortage of GPs opens doors for pharmacists

The manpower crises affecting the medical and nursing professions are a "window of opportunity" for pharmacists, said George Rae, chairman of the General Practitioners Prescribing Subcommittee.

But pharmacists must get co-opted on to the boards of primary care trusts if they wish to influence the public health agenda, he said.

Local pharmaceutical committees should be engaging in a more constructive and deliberate way with local medical committees, too.

As health authorities are abolished and are replaced by 30 strategic health authorities, Dr Rae said that LMCs would be aligning themselves with at least one primary care trust. If pharmacists want to be involved, LMCs should be approaching LMCs now.

Local pharmaceutical services will provide a mechanism to develop services at a local level but Dr Rae warned pharmacists against rushing into the schemes without considering other options.

Footsoldiers in the battle for better public health

Community pharmacists are the foot soldiers in the battle to improve public health, said Alison Strath, chairman of the Scottish Executive of the Royal Pharmaceutical Society.

They contribute to the public health agenda by being an essential part of their community, providing

services such as smoking cessation advice and supplying emergency hormonal contraception.

Because they are public health practitioners for everyone, not just the sick, pharmacists need to think about broader issues affecting public health such as poverty and poor housing.

the idea for his national plan....



David Evans, now a pharmaceutical adviser to Suffolk Health, comes face to face with his past. The display on the MedM stand at the conference exhibition showed the dispensary at the Tredegar Workman's Medical Aid Society in Monmouthshire. Mr Evans worked there between 1976 and 1984, and "that is pretty much as I remember it," he said

More than dispensing

Pharmacists need a new and separate NHS contract, away from the distribution and supply of medicines, said Peter Noyce of the pharmacy department, University of Manchester.

A local pharmacy contractor could become the "medicines co-ordinator" for all NHS patients prescribed three or more medicines, he suggested.

The contractor would be responsible for helping patients understand any new medicines prescribed, performing routine medication reviews and acting as a co-ordinator across primary and secondary care.

"The pharmacy contract should shift from distribution towards the stewardship of medicines" he said.

Are you a pixie or a pixel, asks Scott

Pharmacists should not be leaving community pharmacy to go and work in GP surgeries, says Scotland's chief pharmacist.

With a talk quaintly entitled *Pixies or Pixels*, Bill Scott asked if community pharmacists wanted to be "doctors' little helpers" or part of the bigger picture.

Addressing one of the key issues in the manpower debate, he said: "We are losing our best pharmacists to primary care work in GP surgeries and we have to address that," he said.

He went on to warn that "primary care work is a short term strategy. Pharmacy is about caring for people and the patient on a one-to-one basis."

If community pharmacy does not offer new graduates a career challenge, they will continue to go and work with GPs, he warned. "We need a contract that rewards pharmacists."

Speaking at the British Pharmaceutical Conference on

Tuesday, Mr Scott also warned his audience that the present remuneration structure was holding the profession back, and that new methods of paying pharmacists were required.

The gateway to the further development of community pharmacy services lay with repeat dispensing, he said. "It is key to pharmacists playing a vital role as part of the healthcare team."

Mr Scott held out the model scheme that Alison Strath, chairman of the Royal Pharmaceutical Society in Scotland, is using in her own pharmacy, as an example of how such schemes could operate.

● Jim Smith, chief pharmacist for England, said that pharmacists in primary and secondary care would be supplementary prescribers within two years. There there was very strong commitment to pharmacist prescribing, he said.



Her Royal Highness the Princess Royal was welcomed to the British Pharmaceutical Conference in Glasgow on Tuesday by the Royal Pharmaceutical Society president Marshall Davies. In her conference address she warned the pharmaceutical industry not to try and make a "fast impression" by donating medicines to countries in need without also providing support for distribution, storage costs, and training of healthcare workers to look after and administer the medicines. She also called for sensible pricing of medicines. Basing price structures on ability to pay would be a step forward, and indicators of success should be made to measure performance, rather than just stating the amount of drugs donated

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Lessons from America

Dr Carmel Hughes, of the School of Pharmacy, Queen's University of Belfast, is the winner of the 2001 C&D Pharmacy Practice Award. Her presentation at the BPC examined how legislation has affected drug usage in US nursing homes

Chairman of the BPC Practice Research Award panel, Professor Nick Barber (School of Pharmacy, University of London) with the winner of this year's C&D-sponsored Award, Dr Carmel Hughes, from the Queen's University of Belfast



Patients in the USA who are not resident in nursing homes are more likely to receive anxiolytic or hypnotic drugs than those who are.

This contrasts with Iceland, where nursing home residents are over eight times more likely to receive an anxiolytic than those in US nursing homes. This also holds for anti-psychotic prescribing.

However, despite lower rates of prescribing of these drugs, residents in US nursing homes are more likely to fall than those in Iceland and Italy.

This picture emerges from a study drawing on psychoactive prescribing data from five US states subject to OBRA 87 legislation, and five countries without: Denmark, Iceland, Italy, Japan and Sweden.

A second study revealed the impact of prescribing regulation policy in New York. A triplicate prescription form is used there for prescribing benzodiazepines, to prevent drug misuse and forgery. The impact of this policy on benzodiazepine prescribing in nursing homes was compared to that in four other states without equivalent policies.

The external policy had a marked impact on prescribing patterns. Residents in New York were less likely to be on benzodiazepine therapy than those in states without a triple prescribing policy, and the use of benzodiazepine substitutes did not increase.

However, it was impossible to discern whether this policy had led to an improvement in outcomes for residents.

Clearly, external factors such as legislation can lead to changes in prescribing, but resident and nursing home characteristics may also be influential.

Information from a database covering all nursing homes in the USA (about 15,000) showed that anti-psychotic prescribing increased if the nursing home was a "for-profit" facility or had a higher number of physicians and mental health professionals.

Residents with a psychiatric diagnosis, behavioural

symptoms, dementia or depression were also more likely to be prescribed anti-psychotics.

When nursing homes were classified according to ownership (for-profit, not-for-profit and government-owned), anti-psychotic prescribing was much more influenced by facility characteristics in for-profit homes. In "not-for-profit" homes, resident characteristics had a greater impact on prescribing.

For example, in "for-profit" homes which had a high ratio of care assistants to nurses, anti-psychotic prescribing increased. This suggests that in homes where there is a greater demand to maximise profits, these drugs may be prescribed inappropriately.

The situation in the UK is very different because there is little systematic data collection and a lack of pharmacy input.

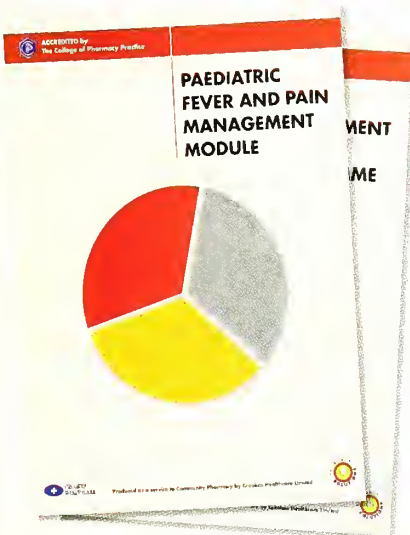
Legislation in the USA has produced dramatic changes in psychoactive medication use, but this has prevented "bad" drugs being prescribed, rather than promoting beneficial interventions.

This is likely to be compounded by the Prospective Payment System (implemented in 1998) which has set limits on reimbursement for services, including drugs. Homes that can provide care for less than the fixed price may retain the savings. It has been reported that patients needing expensive medication have found it difficult to secure a nursing home bed.


Although the UK can learn from the American system, wholesale transfer of OBRA would not be appropriate. Systematic monitoring, assessment and intervention are required, together with a regulatory system that promotes continuous quality improvement.

Healthcare professionals, including pharmacists, must also act as advocates for older residents. With an ageing population, this is one of the major clinical and policy challenges for the future and requires careful thought and planning.

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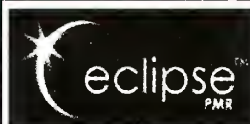
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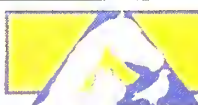
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Challenge Angela

When **Angela Alexander**, chairman of the College of Pharmacy Practice, went trekking in Iceland to raise funds for Macmillan Cancer Relief, she wasn't prepared for the contrasts she found there

The idea of a six-day trek in Iceland – a land renowned for the contrasts of fire and water, volcanos and glaciers – was a challenge in itself. I found that I, too, experienced contrasts, ranging from fear to exhilaration.

Our first day's trek was on the edge of Mt Hekla, the largest active volcano in Iceland. It last erupted in February 2000, with only 30 minutes warning. We walked over rock just 18 months old and scrambled up the fresh lava to a vent in the hillside where steam continued to billow out. Yet just a metre or so beneath the volcanic ash was a layer of permanent ice, revealed when an ice bridge collapsed under foot.

Facing challenges

The weather in Iceland was a challenge in itself: the worst rain the country had experienced for 40 years. Bridges in the east of the island were washed away by the torrential rivers. It rained night and day for the first four days. We trekked in the rain, we ate in the rain, and we camped in the rain. The only means of keeping warm was to keep walking. I resorted to putting my wet clothes inside my sleeping bag to try and dry them.

The highlights of the trek were all edged with fear. A ridge walk, described by our Icelandic guide as providing an adrenaline rush,



Angela stands amid the glaciers. The Lyf and heilsa chain owns a quarter of Iceland's pharmacies, like the one pictured below



almost gave us the additional therapeutic benefit of a purgative.

And yet it was one of the most exhilarating experiences I have ever had. The landscapes and geological features of Iceland are magnificent. Crossing icy glacial streams barefoot was also an experience not to be forgotten and contrasted well with the pleasure of bathing in boiling geothermal streams.

While walking across a glacier, we came across the wreckage of a B52 bomber which had crashed during the Second World War. Again, the contrast of the awesome natural power of the glacier, millions of years old, as it ripped its way down the valley carrying with it the shredded evidence of man's destructive power, was evident.

Find the pharmacy

Like many pharmacists, I have that homing instinct to visit pharmacies abroad, so once I was back in Reykjavik, I sought them out to compare and contrast with the UK. The original old pharmacy in the high street is now

an up-market restaurant, still called "Apotek". No difference there, then. It has some magnificent carved relief panels in the doors showing apothecaries engaged in various activities, though one wonders why they were naked, especially in Iceland.

Pharmacies in Iceland have seen many challenges in the last five years and it is interesting to compare their experiences with those we are facing in the UK.

New legislation took effect in Iceland in 1996, giving all registered pharmacists the right to open one pharmacy each. It also abolished price regulation on drug and lifted the ban on drug advertising to the public.

In the following two years the number of pharmacies increased by 40 per cent. There are now 64 pharmacies, a quarter belonging to a multiple chain Lyf and heilsa (Drugs and health). The pharmacies I visited all looked very modern and professional. Pharmacies compete on standards of service and on drug prices.

The main means of winning over customers are longer opening hours, home deliveries and a wider range of pharmaceutical services, in addition to lower medicine prices, which were cut by an average of 20 per cent. Price are controlled by setting maximum rather than minimum prices.

Pharmaceutical care also became a legislative requirement, though I am not sure to what extent it is a reality.

So a week of challenges and contrasts, but most of all an opportunity to raise funds for Macmillan Cancer Relief, for which I thank my many sponsors. As a result of my appeal through C&D, and through harassment of all my friends and colleagues, I raised over £5,000. I thank all of you who sponsored me.

For more information:
www.amalexander.co.uk



Panels from the old Apotek, showing apothecaries in interesting poses

The best pharmacy assistance

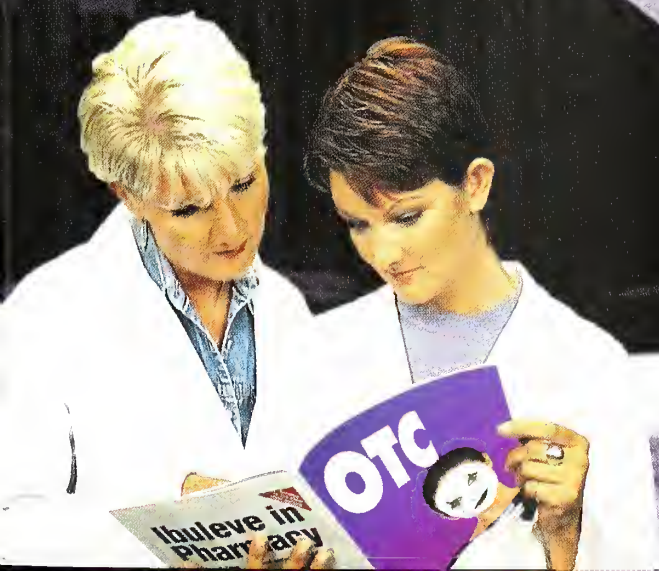


Over the counter magazine

With November's issue! Special features include:

- Skincare and make-up for darker skins
- All you need to know about men's health
- Get ready for the cold and flu season
- VMS guide to block the winter freeze

PLUS...
Digestive disorders
Business matters



Tackle Tiredness

Relieves
tiredness
naturally



kola nut

Yariba herbal tablets contain a natural ingredient to help relieve temporary tiredness.

A natural way to revive your day

YARIBA Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK.
Directions: Take one or two tablets three times a day. Not recommended for children under 14. **Indications:** A traditional herbal remedy used as a pick-me-up in temporary tiredness. **Contra-indications:** Not to be used in cases of sensitivity to any of the ingredients. Not to be used during pregnancy or lactation. **Precautions:** Keep out of the reach and sight of children. **Legal Category:** [GSL] **Packs:** Yariba (PL 17418/0012) - 50 tablets, RSP £4.95 (£4.21 exc.VAT).

OVER THE COUNTER

OTC

SEPTEMBER 2001



Helping diabetic customers ● Topical analgesics ● Dressing the window

Product Information Nurofen For

Children: Suspension containing ibuprofen 100 mg/5 ml. **Prescription**

and OTC: For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever: The daily dosage of Nurofen For Children is 20-30 mg/kg

bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 years: Two 5 ml spoonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only.

Contraindications: Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:**

If symptoms persist for more than 3 days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen For Children. Nurofen For Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side**

effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects are rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia has been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product**

Licence Number: PL 00327/0085.

Licence Holder: Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal**

Category: P. **Price:** Pack size 100ml: £3.35 Pack size 150 ml: £4.59. **Date**

of preparation: June 2001. NU281.



Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.



CROOKES
HEALTHCARE

SUPPLEMENT TO



September 29, 2001

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Diabetes

Mary Allen gives advice on helping the diabetic customer

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OTC/
OIL of
OLAY
Model of the
year of the
2001

Face of 2001

Meet winner Laura Brown and the runners-up in the OTC/Olay Model of the Year 2001 competition

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Sarah Purcell with what's hot and what's not for hair

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OTC

OVER THE COUNTER

Volume 14 Number 91

September 2001

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Big is better

Now there's plenty of room for your sales to grow, because clinically proven E45 Cream is available in a new bigger 350g tub. Which is great news for your customers, because using more of the No.1 emollient cream means even better results. So stock up now. After all, you can't have too much of a good thing.



White Soft Paraffin, Light Liquid Paraffin, Hypoallergenic Anhydrous Lanolin

Prescribing Information: E45 Cream is a... **Use:** For the symptomatic relief of dry, itchy, cracked, chapped skin... **Contra-indications:** ... **Undesirable effects:** ... **Package quantity:** ... **GSL Product Licence number:** ... **Product Licence holder:** ...

News



We've got an issue full of winners for you this time.

The OTC/Olay Model of the Year competition posed plenty of problems for the judges. With a record number of entries, we also found we had a higher than ever standard and it took some time to choose our November covergirl. You can meet our winner, Laura Brown, and our three runners-up on page 19, but you will have to wait until the next issue to see the results of the photo shoot, when Laura will be smiling out from the cover of OTC.

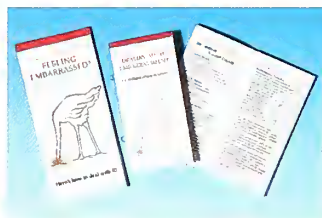
More winners come in the shape of the six who have won through to the final of the Pharmacy Assistant Challenge, sponsored by OTC and Caltrate Plus. From more than 100 entries, we have now chosen the six finalists, two from each of three regions, who will compete for holiday vouchers worth a total of £2,250 in London in November.

And don't forget to turn to page 6 to see if you are one of the winners of our Scholl freebie in the last issue.

Regular readers of our Showcase pages will see that there has been a mini-explosion in new products across the pharmacy spectrum in the last few weeks and months. To help keep up with what is available OTC, make sure you have access to a copy of the latest issue of the *Chemist & Druggist Guide to OTC Medicines* (see page 6).

Lesley Keen

Supplement Co-Ordinator



Ways to avoid red faces in the pharmacy

A new booklet is available from Canesten to help pharmacists and pharmacy assistants reduce embarrassment for staff and customers.

The booklet has been produced following research commissioned by Canesten, which found that some customers may be so embarrassed about discussing conditions such as thrush or sweat rash in the pharmacy that they may be prevented from seeking treatment.

The booklet, co-written by pharmacist Andrew McCoig, takes a light-hearted but practical approach to the subject of embarrassment, with scenarios covering problems including genital thrush, sweat rash, athlete's foot and jock itch.

Dr Margaret Stearn, embarrassment expert and author of *Embarrassing Problems*, also gives helpful tips.

Andrew McCoig says: "I do find that customers feel relieved when you pick up on how they are feeling. The booklet is an innovative and highly practical resource for all pharmacy staff as it addresses real life situations and how to deal with them."

Copies of the booklet, which is designed to be inserted in the BEST folder, are available by sending an SAE to Embarrassment Booklet, Grayling, 4 Bedford Square, London WC1B 3RA, or from your local Bayer representative.

Should a cough keep you off?

According to a survey commissioned by Benylin, the answer to that question all depends on your sex.

The Benylin Cough Survey reveals that more than 50 per cent of women would be happy for a coughing colleague to stay at home, but fewer than one-third of men surveyed thought a cough was a valid reason to be off sick.

And those who do carry on working may wish they hadn't bothered. More than 75 per cent of men said they would not offer any sympathy to a colleague with a cough and 40 per cent would go so far as to avoid them altogether.

Despite knowing that coughing spreads cold and flu viruses, almost half of those questioned said they would not take time off with a cough, though 45 per cent said they would be happy for a colleague to do so.

When it comes to tackling a persistent cough, 87.5 per cent said they would reach for a cough remedy and would want something quick-acting and effective.

Durex EHC guidance manual now available

Pharmacists taking Emergency Hormonal Contraception consultations now have an extra resource – The Sexual Health: Training Resource and Consultation Guide – from Durex.

The manual is designed to be used before and during the EHC consultation and contains information on condoms, sexually transmitted infections, key contacts and practice guidelines from the Royal Pharmaceutical Society.

Durex has also produced a consumer leaflet, which contains a condom sample to be given after the consultation. The leaflet – *Contraception – the way forward* – highlights the fact that condoms protect against unplanned pregnancy and sexually transmitted infections, including HIV.

Free copies of the guide are available from 01565 625000.



The Condomi commandos, known for their red and black leather outfits, are on the road with their "Something for the Weekend?" tour, which continues into October. Travelling in the "Passion Wagon", they are visiting nightclubs in major cities and handing out free Premium condoms and other erotic goodies (see Showcase for news of the UK launch of Condomi)

Read the label – if you can!

New research from the Royal National Institute for the Blind (RNIB) has revealed that small print can be a big problem for a significant number of people.

The report – Access to written information: the views of 1,000 people with sight problems – says that one in five of all adults and three out of four people with sight problems struggle to read labels and instructions on medicines and may therefore be at risk.

The RNIB recommends that a clear print with a minimum size of 12 point should be used to help people with sight problems and plain, clear typefaces should be used in semi-bold or bold type. Text should be set against a single colour background which offers high contrast, with text well spaced and aligned left.

The Institute would also like to see patient information leaflets, medicine labels and instructions made available to each patient in their preferred "format" – in large clear type, on disc, on tape or in braille.

For more information, visit the RNIB website at www.rnib.org.uk



Look to the future with lutein information pack

As evidence grows for a link between Age Related Macular Degeneration (AMD) and a deficit of dietary antioxidants in the Western diet, the Lutein Information Bureau has produced a resource pack to help pharmacists and their staff keep ahead of developments.

The pack was compiled following conclusions drawn from a meeting of leading eye experts, who reviewed the evidence for the role of antioxidant carotenoids in helping to reduce the risk of AMD.

The experts, who met at the Royal Society of Medicine, discussed the evidence, which estimates that by 2050, one in five people over 65 are likely to suffer from AMD, and called for effective preventive measures to be put in place.

The new resource pack contains information on the clinical evidence for lutein, questions and answers, background to the condition and its approaches, a full report of the Royal Society of Medicine meeting, a new consumer leaflet and a document order form.

AMD is a slow, progressive, incurable condition which is the most important cause of blindness and visual impairment in the industrialised world among people over 65. About 300,000 people in the UK are believed to suffer from the condition.

Lutein is found in many vegetables, especially leafy greens; it is now recognised as a frontline defence against AMD and a new generation of supplements containing lutein are appearing on the UK market.

For a free copy of the Lutein Healthcare Professional Resource Pack, write to MSS Handling, Unit 11, Blooms Grove Industrial Estate, Ilkeston Road, Nottingham NG7 3JG.

Wellman is on board with sponsorship

Vitabiotics is sponsoring World Cup Skateboarding UK with its Wellman men's supplement.

To mark the start of the relationship between the brand and UK skateboarding, Wellman featured prominently at the UK's biggest ever skateboarding event – the UBI/Osiris World Cup at the London Arena last month. The event was covered by TV across 180 countries.

Vitabiotics says the sponsorship helps the brand reach its core target audience and also to reach younger, lifestyle-conscious men.

Finalists ready to take up the Challenge!

The finalists for this year's Pharmacy Assistants' Challenge have been chosen from more than 100 entries for the competition.

The six assistants, two each from three regions, will be travelling to London on November 22 to face a testing Mastermind-style final at the luxurious London Marriott Hotel on the banks of the Thames.

The winner will receive holiday vouchers worth £1,500, the runner-up will collect vouchers worth £500 and the third placed finalist will take home vouchers worth £250. All six finalists will be presented with engraved cut glass rose bowls.

The finalists in this year's Challenge, which is sponsored by OTC and Caltrate plus, are:

Nichola Folan, from Rossett Pharmacy, Wrexham
Elsa Hewitt, of National Co-Operative Chemist in Lincoln Green Road, Leeds

Denise Doyle of L Rowland & Co Pharmacy in Chirk, Wrexham

Jane Lago, of Teville Gate Pharmacy, Worthing
Sally Arnold, of Superdrug in Winton, Bournemouth

The second finalist for the Northern region is still to be confirmed.



Will any of this year's contestants beat the total of 14 correct answers notched up by last year's winner, Jeanette Riley, from Willington Pharmacy in Derbyshire? Jeanette is pictured here with Paul Hawkins, sales director of Whitehall Laboratories, makers of Caltrate Plus, and Patrick Grice, editor of OTC and Chemist & Druggist

Noritsu takes to the road

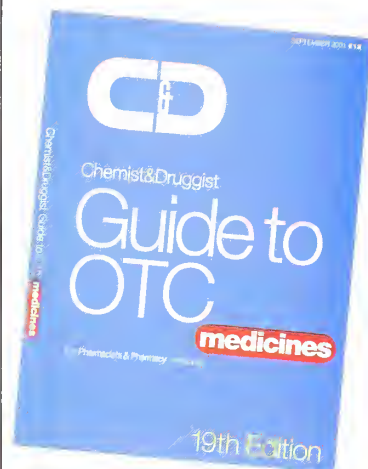
Minilab specialist Noritsu is taking its latest products on the road. A series of six shows include dates at Bristol on October 9 and Borehamwood on October 11. The shows offer customers a chance to try out various minilabs to decide which is best for their business.

To book a place, call Noritsu on 01908 360 326.

Guide to OTC Medicines

The latest issue of the Chemist & Druggist Guide to OTC Medicines was published at the beginning of September with C&D.

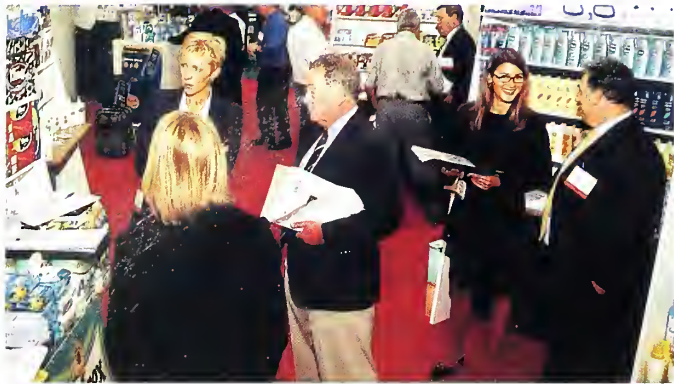
The guide contains more than 40 chapters listing branded Pharmacy and General Sales List medicines and also includes a listing of licensed herbal and homoeopathic medicines.



Additional copies of the guide are available at £8 (including post and packing) to C&D subscribers and £12 to non-subscribers or overseas customers.

Cheques made payable to CMP Information should be sent to Jan Powis, C&D, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Chemex 2001 ExCeLs at its smart new Docklands venue



Pharmacists, pharmacy assistants and healthcare professionals from all over the world flocked to London's Docklands for Chemex 2001 at the ExCeL Centre.

And the UK's leading pharmacy exhibition celebrated the move to its new venue with visitor numbers up 10 per cent on last year.

Around 200 exhibiting companies were brought together in a single exhibition hall, making it

easy for visitors to see all the stands they wanted to visit. Exhibitors were certainly pleased with the show.

Nicky Edden, head of trading for CBS Genios, which had the biggest stand at the show, incorporating 32 leading toiletry companies, said: "ExCeL is a much better venue than Olympia. We found that ExCeL's ease of access helped to attract visitors from further afield."

Alex Hamilton, CBS Genios sales and marketing director, added: "The show

was very successful and we made lots of new contacts. All the suppliers represented on our stand welcomed the venue and so did their customers."

Tony Hough, Day Lewis's business development manager, was very pleased with the outcome. "We've been very busy and it's been non-stop for two days. We found it very successful and we received a positive response to our buying group initiative," he said.

Mawdsley-Brooks also found a good response from customers.

Rajan Patel, director of B4BTV, said he enjoyed the "opportunity to meet pharmacists we would not normally meet. We were approached by eight wholesalers who showed an interest in our service."

On Sunday the National Pharmaceutical Association's first annual conference

attracted an audience of 80 pharmacists, who heard the NPA announce its plans for the next five years, and listened to leading speakers comment on the conference theme: *Health Professional or High Street Retailer? – The Challenge*.

In the afternoon, a distinguished panel fielded questions that ranged from the importance of medicines management schemes to the lack of pharmacists.

Event director Fergus Wilson said: "Chemex at ExCeL was a great success, with visitor numbers 10 per cent up on last year."

"We are committed to running a pharmacy show and have development plans that will broaden the appeal of Chemex next year."

Chemex 2002 will be at ExCeL on September 8-9, so make a note of the date and look out for more details.

Web Watch

Help if you're ready to give up

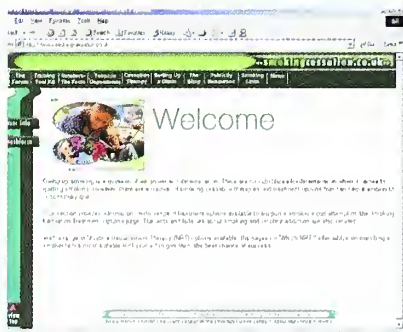
Pharmacia, the name behind the Nicorette NRT range, is sponsoring a website offering practical advice and support on smoking cessation to health professionals.

The site – www.smokingcessation.co.uk – delivers an up-to-date factual resource on smoking, tobacco dependence and smoking cessation therapies to health professionals involved in helping smokers to quit.

Highlights of the site include an interactive discussion area, an interactive quiz to assess smoking cessation knowledge, information on training courses and presentations on smoking cessation and a daily news service. A section devoted to setting up smoking cessation clinics is soon to be added, along with a publicity resources section to help health professionals produce their own promotional materials.

Bite back

The Bureau for Information on Tooth Erosion has been launched to raise awareness among consumers of a condition that affects over half of all young people aged between 4-18 in the UK today. Bite, which can be visited online at www.bite.uk.com, has been set up by GlaxoSmithKline with the support of the British Dental Foundation.



Scholl winners

We had an overwhelming response to our July freebie – it seems that something to treat the feet is just what the hard-working pharmacy assistant ordered!

The 20 winners, whose entries were chosen at random on the closing date, are:

Mrs R Walker, from Hedon, Hull; Jacqueline Wright, St Austell, Cornwall; Mrs K V Lambert, Wrexham; Ruth Daxon, Llandaff, Cardiff; Jacki Shaw, Newbury, Berks; Miss J Wye, Camberley, Surrey; Lynn Borrow, Harrow Eald, Middlesex; Gillian Murray, Whitley Bay, Tyne & Wear;

Mary Spence, Swindon, Wiltshire; Emma Welsh, Birmingham; Lisa Fallon, Merton Abbey, London; Patricia Boshier, Worthing, Sussex; Mrs A M Wilkinson, Lytham-St-Annes, Lancashire; Isabel Cooper, Penicuik, Midlothian; Nicola McKnight, Belfast; Dhiraj Mody, South Wigston, Leicester; Susan Toomey, Merthyr Tydfil, Mid-Glamorgan; Dawn Moth, Kimberley, Notts; Pearl Newman, St Leonards on Sea, East Sussex; Shazia Bibi, Bradford.

Congratulations! You will be receiving your prizes direct from Scholl.

MAKE STOMACHS HAPPY

Heartburn
and indigestion
relief that...

GOES TO WORK IN 2 MINUTES...

... AND LASTS FOR UP TO 12 HOURS

Pepcidtwo

Fast and long-lasting relief

HEARTBURN AND INDIGESTION

One chewable tablet

Goes to work within 2 minutes

Balances acid for 12 hours

6 tablets for heartburn and indigestion relief

only Pepcidtwo is a new generation, fast-acting, acid-reducing medicine that gives you immediate relief that lasts all day or night. It's the unique combination of a fast-acting, acid-reducing medicine that goes to work in two minutes and can stay balanced for up to twelve hours. It's well as this it's convenient and effective just because you're human. That's all that's needed. So recommend Pepcidtwo and put a smile on your customers' stomachs.

only **Pepcidtwo** works in two minutes and lasts for twelve hours.

INITIAL INFORMATION: Product Name: PEPCIDtwo, chewable tablet. Description: Fast-acting, acid-reducing medicine that gives you immediate relief that lasts all day or night. It's the unique combination of a fast-acting, acid-reducing medicine that goes to work in two minutes and can stay balanced for up to twelve hours. It's well as this it's convenient and effective just because you're human. That's all that's needed. So recommend Pepcidtwo and put a smile on your customers' stomachs.

Johnson & Johnson[®] MSD
CONSUMER PHARMACEUTICALS

Showcase



Now Resolve has a little Extra

Resolve Extra is being launched by SSL International in time for the busy Christmas period.

The company says the Resolve brand dominates the hangover market and expects the new product to appeal to consumers looking for a fast solution to their problem.

Resolve Extra contains the extra ingredient, caffeine.

According to the company, "caffeine is a proven co-analgesic which, in combination with paracetamol, provides faster, stronger pain relief than paracetamol alone".

Resolve Extra is in a metallic blue box of five sachets at **£2.75**. SSL International plc. Tel: 0161 654 3000.

Five-second testing with new Accu-Chek Active

Roche Diagnostics promises a testing time of only five seconds with its new **Accu-Chek Active** blood glucose testing system.

The new meter replaces the Accu-Chek Glucotrend 2 and is smaller and more portable. It is expected to appeal especially to teenagers

and working people with busy schedules.

It contains everything needed to begin testing immediately. The user inserts the new Active test strip into the meter, which switches on automatically. The Active test strip replaces the Glucotrend Plus strip and is compatible with other Glucotrend systems. It requires only a tiny blood sample and the meter



uses photometric technology to give the reading. It has a 200-test memory and offers averages of readings over seven or 14 days.

Accu-Chek Active is available until the end of the year at a promotional price of **£15** to customers with a **£5** voucher obtained from their practice nurse or pharmacist, or by calling 0800 701000. Roche Diagnostics Ltd. Tel: 01273 480444.

Eumovate to fight skin flare-ups

GlaxoSmithKline Consumer Healthcare is launching **Eumovate Eczema and Dermatitis Cream** for the treatment of skin "flare-ups" associated with the conditions.

The cream (15g, **£5.49**) contains the topical corticosteroid clobetasone butyrate

0.05 per cent and is the same strength as the prescription product.

The company says the new cream will allow the condition to be treated before the "itch-scratch" cycle becomes established.

A **£2.5** million support programme includes medical marketing, trade and consumer advertising, PoS and training materials for pharmacists and assistants. GlaxoSmithKline Consumer Healthcare. Tel: 020 8560 5151.

Carnation trio zaps foot fungi

Three antifungal footcare products are being launched in Cuxson Gerrard's Carnation range.

Antibacterial Foot Wipes, containing the active ingredient tolnaftate, are presented in a handy dispenser pack.

Antifungal Foot Spray, with tolnaftate, is also formulated to refresh hot, tired and aching feet.

Athlete's Foot Cream contains clotrimazole to relieve itching and soreness and clear the infection. It is GSL licensed in a 20g tube.

All three retail at **£2.99**. Cuxson Gerrard & Co Ltd. Tel: 01283 540957.



Sudafed takes it to the Max

New in the Sudafed range is **Non-Drowsy Sudafed Dual Relief Max**, a pharmacy-only maximum-strength treatment for nasal congestion and sinus pain.

The tablets contain ibuprofen 200mg and pseudoephedrine 30mg, and are suitable for adults and children aged over 12 years. The dose is one or two tablets every four to six hours with a maximum of six in 24 hours.

Available in packs of 12 or 24, the product is in silver packaging to distinguish it from the rest of the Sudafed range.

A **£2.5** million support package includes TV and poster



advertising from November until February 2002.

Information leaflets on nasal congestion and PoS materials are available free to pharmacists who call the Warner Lambert Advisory Bureau on 02380 628 274. A Sudafed nasal health training CD-ROM is also available. Warner Lambert Consumer Healthcare. Tel: 023 8064 1400.

Briefs

Anti-bacterial Throaties

New **Throaties Anti-Bacterial Pastilles** contain amylmetacresol to help fight sore throat infection and relieve sore throats and coughs. Available in Lemon & Honey or Redcurrant & Rosehip, the pastilles retail at **£1.79** for a pack of 24. A flow-wrapped pack of 10 is **£0.59**. TV advertising will be on screen from December until February. Ernest Jackson & Co Ltd. Tel: 01363 636100.

Cornstarch baby powder

The Johnson's Baby range now includes new **Johnson's Baby Powder with Camomile and Lavender**. The pure cornstarch powder is infused with natural camomile and lavender. It absorbs excess moisture to help prevent chafing and protect against rashes. The powder retails at **£2.69** for 425g. Johnson & Johnson Ltd. Tel: 01628 822222.

Black magic

Procter & Gamble is extending its Alldays Black range with a black pantyliner designed to fit black g-string underwear. **Tanga Black (£2.09)** features a strong adhesive strip to help the pantyliner to stay securely in place in a g-string.

Procter & Gamble UK. Tel: 0191 279 2000.

Naturally new look for Senokot

Reckitt Benckiser has repackaged its constipation remedy **Senokot**.

The new look emphasises the effectiveness and naturalness of **Senokot** using clear consumer language. It aims to appeal in particular to the 65 per cent of constipation sufferers who currently prefer to modify their diet rather than use a laxative.

The predictable nature of relief is highlighted in a "predictable action" splash on the pack front, which also carries more prominent pack size markings. An extra label on the top



of the **Senokot Granules** pack helps to convey more clearly how consumers can take the product – on its own, sprinkled over food or in hot milk. Reckitt Benckiser plc. Tel: 01482 326151.



Nicorette steps forward with a new look

The **Nicorette** nicotine replacement therapy range has a new look to coincide with the brand's move to wider distribution.

Nicorette 16-hour Patch and **4mg Gum** are now available on

GSL and will soon join **Nicorette 2mg Gum** in supermarkets.

The design features a distinctive "stepping stones" motif to depict the quitting process and the gradual freedom from nicotine dependence.

Nicorette Patch, Gum, Microtab, Inhalator and Nasal Spray are colour-coded to differentiate each product for the consumer.

The new branding is featured in product information leaflets and "Fresh Start" support packs, available to pharmacies, GP surgeries and smoking cessation clinics.

Pharmacia will continue to support pharmacies with training materials and PoS material. Pharmacia Consumer Healthcare. Tel: 01908 661101.

Canesten has the Complete answer

Bayer is combining its **Canesten** cream thrush relief and treatment products in an all-in-one pack.

Canesten Complete cream treatment (£9.89) contains a pre-filled 5g applicator of 10 per cent clotrimazole cream to clear the infection and a 10g tube of 2 per cent clotrimazole cream to relieve external symptoms.

The launch will be supported by a £2 million marketing campaign including TV and radio advertising starting in March 2002.

A new merchandising unit is designed to help pharmacies display the **Canesten** thrush range. Bayer plc. Tel: 01635 563000.

Lemsip patches to help kids breathe easily

Reckitt Benckiser is launching **Lemsip Children's Vapo-Patches** (five patches, £3.69), designed to promote clear and



easy breathing in children to help them sleep comfortably.

The fluffy patches are impregnated with camphor and eucalyptus oil and they release soothing vapours slowly and continuously throughout the night.

Suitable for children aged from two years, the patches can be put on to a child's nightclothes before they go to bed. Reckitt Benckiser plc. Tel: 01482 326151.

Dual action for throats

New **Benylin Sore Throat** lozenges from Warner Lambert contain hexylresorcinol, which acts as an anaesthetic to combat the pain of a sore throat and as an antibacterial agent to help fight infection.

The lozenges are available in redcurrant or honey and lemon flavours, and Warner Lambert will be running a marketing campaign from November to February 2002.

Benylin Sore Throat lozenges are in blister packs of 24, retailing at £2.39.

Warner Lambert Consumer Healthcare. Tel: 023 8064 1400.

Benylin aims to cut colds in half

Warner Lambert takes a different approach to colds and flu with **Benylin Active Response**.

Rather than relieving symptoms, the new product contains the active ingredient *Echinacea purpurea*, which helps stimulate the production and

activity of white blood cells, boosting the body's defence against infection.

The company says that when it is taken at the first signs of a cold, **Benylin Active Response** (75ml, £4.29) can cut the length of the cold by up to half.

Suitable for everyone from the age of two, it is alcohol and sugar-free.

Warner Lambert is supporting the launch with a £1.5 million campaign, including national TV advertising. A consumer leaflet highlighting the importance of boosting the immune system is free to pharmacies from representatives or by phoning the Customer Care Line on 023 8062 8274. Warner Lambert Consumer Healthcare. Tel: 023 8064 1400.

Double whammy for haemorrhoids

Bayer is introducing a two-in-one format – **Germoloids Complete** – to its **Germoloids** haemorrhoid range and the brand makes its TV debut next year.

Germoloids Complete (£5.49) presents 12 suppositories and ointment in one pack. Both products contain zinc oxide, paraffin to help the passing of stools and a mild local anaesthetic to soothe swelling and relieve itching.

The packaging features a new brand logo and the launch will be supported by a £1.2 million advertising campaign including TV and radio from February 2002.

Bayer plc. Tel: 01635 563000.

Panadol Actifast offers relief 'twice as fast'

GlaxoSmithKline says its new **Panadol Actifast** is the first major development in paracetamol since solubles were introduced.

The company says



the combination of paracetamol with "the optimum amount of sodium bicarbonate" ensures rapid absorption into the bloodstream to deliver effective pain relief twice as fast as any standard paracetamol tablet on the market.

Young adults are the key target market for **Panadol Actifast**, which is presented in a green pack with the familiar **Panadol** roundel logo. A pack of eight retails at £1.39 and 16 at £2.39.

The launch is being supported by a £3 million multi-media campaign which includes TV and Underground advertising and an intensive PR campaign. GlaxoSmithKline Consumer Healthcare UK. Tel: 020 8560 5151.

Blistex pays lip service

Dendron is relaunching **Blister** medicated lip cream as **Blistex Relief Cream**.

The cream is formulated to offer quick relief from occasional cold sores, cracked, chapped and sore lips.

Blistex Relief Cream (5g, £2.25) contains antiseptic and moisturising ingredients to soothe and hydrate, relieving discomfort and helping to accelerate the natural healing process.

New packaging clearly indicates the product's former name.

The relaunch is being supported by a £2 million TV advertising campaign on GMTV, starting in October. Dendron Ltd. Tel: 01923 229251.

Briefs

Kleenex is on the move

Kimberly-Clark is launching a slim pack of Kleenex tissues especially for use in the car or for people on the move. **Kleenex Travelers** features a special aperture on the top edge for easy dispensing. Retail price is **£1.19** for 50x3ply tissues.

Kimberly-Clark Ltd.
Tel: 01732 594000.

Soft, chewy - and prebiotic

New in the Bassett's Soft & Chewy range is **Bassett's Soft & Chewy Multivitamins with Minerals & Prebiotic Nutrients**. Each pack contains 30 one-a-day sugar-free pastilles retailing at **£3.45**.

Ernest Jackson & Co Ltd.
Tel: 01363 636100.

Higher Dior

Parfums Christian Dior has launched a fresh new men's fragrance. The **Higher Dior** range comprises two sizes of edt, after shave, deodorant and hair & body shampoo. Retail prices are from **£15.00** to **£40.00**.

Parfums Christian Dior (UK) Ltd.
Tel: 01273 615400.

Bourjois in mascara coup

New from Bourjois, **Coup de Theatre** is a double-action mascara to lengthen and thicken lashes to false eyelash proportions. A white lengthening base is applied first, followed by the colour formula, which gives extra volume and curl. Coup de Theatre comes in three colours and retails at **£8.95**.

Bourjois Ltd.
Tel: 020 7462 4906.



Condomi set to penetrate UK market

Condomi is launching a range of "virtual skinware" biodegradable condoms into the UK.

The new range, from Europe's largest condom manufacturer, comprises:

Sensation - extra thin and specially lubricated, retailing at **£2.99** for three and **£8.99** for 12

Stimulation - studded; **£3.29** for three and **£9.89** for 12

Supersafe - with a contact spermicide; **£2.29** for three and **£7.19** for 12

Premium - **£2.59** for three and **£8.09** for 12

Mix - containing Sensation, Stimulation and Premium condoms - **£2.99** for three and **£8.99** for 12.

Condomi is supporting the launch with a £1.5 million promotional campaign.

The company recently received an award from the readers of Vegan Magazine, who voted it "Best new vegan product (non-food)."

Further details are available from Condomi on www.condomi.com

3M's first aid for independents

A new, compact first aid kit from **3M Health Care** will be available exclusively to independent pharmacists.

The kit (rsp **£4.99**), which is slightly bigger than a family pack of plasters, contains some of 3M's most popular first aid products - Micropore tape and Steri-Strip skin closures, as well as Nexcare gauze, wipes and plasters.

3M Health Care believes consumers will buy the pack as a second first aid kit for use when they are away from home. The launch is being supported by a PR campaign in the regional press. 3M Health Care.
Tel: 01509 613171.

Poise for thought on incontinence

Kimberly-Clark is launching a new range of incontinence products under the **POISE** brand.

The company says it aims to help remove the taboo surrounding the incontinence market and the packaging is designed to appeal both to people buying from the feminine care sector and current users of urine loss products.

POISE pads have a tiered absorbent system and super absorbent gel which draws in fluid and locks it away. The pads come in four absorbencies - Ultra Mini, Mini, Normal and Extra and retail at **£2.79-£3.79** for packs of 10-24.

The range also includes **POISE** pants for men and women with moderate to heavy bladder weakness. In Normal and Super absorbencies, the pants retail at **£14.25** for packs of 16-20.

A multi-million pound advertising campaign starts in November and an educational campaign will focus on the women's press, GP surgeries, the internet and in-store programmes.

A consumer leaflet on bladder weakness is also available. Kimberly-Clark Ltd.
Tel: 01732 594000.



Three ways to softer lips

The Mentholatum Company is launching a new range of flavoured lip balms targeted at women aged 18-35.

The **Softlips** range is initially being launched in three flavours - French Vanilla, Sparkle Mint and Citrus.

Softlips (£1.79) has a soft, non-greasy formula and is presented in a slim white pack.

The launch will be supported by a £100,000 advertising programme in the women's press from October until December. Advertorials, competitions and sampling will form part of the support package, which also includes a lively PR campaign.

Special counter units hold 12 of each variant and an introductory offer gives retailers 12 free products when they buy 24. Laser Healthcare.
Tel: 01202 780558.

Support for healthy bones

Pharmagenics Healthcare is widening UK distribution for **Osteo Support**, which is only available to pharmacies in the London area.

Osteo Support (90 tablets, **£9.45**) contains microcrystalline hydroxyapatite concentrate - primarily calcium, phosphorous and organic factors that naturally comprise raw bone. The supplement is designed to offset chronic vitamin depletion, often caused by prescribed medication or poor diet.

The company says clinical trials indicate that the supplement helps promote actual bone growth. Pharmagenics Healthcare Ltd.
Tel: 020 7701 2720.



Aquafresh complete with whitening

Consumers are being encouraged to trade up from ordinary toothpastes with the launch of **Aquafresh Multi Action + Whitening**.

The new product offers complete protection with whitening benefits and the blue holographic pack reflects the premium image, while retaining strong Aquafresh branding. The key product messages - "complete protection, gentle whitening and fresh breath" - are shown on the pack.

The toothpaste is available in 50ml tubes (**£1.49**), 100ml tubes (**£2.49**) and 100ml pumps (**£2.99**).

Aquafresh Multi-Action + Whitening has teamed up with OK! magazine to find the nation's perfect couple and feature their wedding in the magazine. GlaxoSmithKline Consumer Healthcare UK.
Tel: 020 8560 5151.



Colgate gets fresh with dental gum

Colgate aims to breathe new life into the chewing gum market with the £13 million launch of a dental gum range.

Colgate Advanced Action Dental Gum offers three varieties – Peppermint, Menthol and Sparkling Mint Whitening – launched in 10 and 18-piece packs.

The gum's formula, which includes zinc acetate, aims to help

reduce plaque, leaving teeth cleaner and fighting the bacteria which cause bad breath. Sparkling Mint Whitening gum has ingredients to help remove surface stains.

The 10-piece pack retails at around **£0.49**, with the 18-piece window pack at **£0.79**.

The launch programme begins with national TV advertising in November and the company plans more than 16 weeks of TV advertising over the next year. Chemist Brokers. Tel: 02392 222500.

Seven Seas advances its vitamins for 50+ with probiotics

Seven Seas is extending its Advanced Formula Multibionta brand with **Advanced Formula Multibionta 50+**, an enteric-coated probiotic multivitamin designed to meet the needs of the over 50s.

The one-a-day supplement contains extracts of ginkgo biloba, ginseng, bilberry and lutein, plus other essential minerals, vitamins and probiotics.

It is formulated to help protect against digestive stress and infections while also boosting energy levels and mental agility.

A £3.5 million advertising and promotional campaign for the brand this year includes TV, press and poster advertising.

Retail prices are **£4.79** for 30 tablets and **£8.39** for 60. Seven Seas Ltd. Tel: 01482 375234.

Wassen focuses on eye health

Wassen's new supplements include a new eye health product, **Visio-MAX**, which contains bilberry extract, vitamins and a mineral booster. Bilberries contain anthocyanosides, which help protect the

retina from free radical damage and are thought to play a role in decreasing the fragility of capillaries.

The supplement also contains the carotenoid mixture betatene, with selenium, B vitamins and vitamins E and C.

Also new are:

Magnesium-B (30 day course, **£4.95**), with the daily recommended amount of magnesium plus vitamins B6 and C.

Zinc-ACE (30 day course, **£4.95**), with the recommended daily amount of zinc plus synergistic nutrients.

Silica-OK (rsp **£6.95**), with organic silica and nine vitamins and minerals. Wassen International Ltd.

Tel: 01372 379828.

Going whiter with new Macleans gel

New **Macleans Ice Whitening** is an aqua gel to help restore the natural whiteness of teeth and leave the



mouth feeling cool and clean.

The product, launched in response to company research showing there was room in the market for a new whitening gel, comes in eye-catching aqua and silver holographic packaging.

The launch will be supported by a £2 million campaign, including national TV advertising this autumn.

Retail prices are **£1.99** for 50ml and **£3.15** for 100ml tube. GlaxoSmithKline Consumer Healthcare. Tel: 020 8560 5151.

The NSAID that breaks the mould...

Movelat Relief is the only OTC topical NSAID that contains MPS* plus salicylic acid and with its unique mode of action it penetrates to the point of pain and inflammation.

Movelat Relief provides powerful relief from acute and chronic pain whether it's muscular pain and stiffness, sprains and strains (such as sports injuries) or the pain of mild arthritis and rheumatism.

Movelat Relief comes in value for money pack sizes - 40g or the economy-size 80g (and pharmacy gets an excellent POR too).

Pain relief for mild arthritis, rheumatism and muscular pain

Pain relief for mild arthritis, rheumatism and muscular pain



SANKYO PHARMA UK Limited

Full prescribing information is available on request from Sankyo Pharma UK Ltd, Repton Place, Amersham, HP7 9LP. Telephone: 01494 766 866.

Movelat® Relief contains MPS* (mucopolysaccharide polysulphate) and salicylic acid Ph. Eur. Reference: BPI Prescription Medicines M2A Movelat November 2000 Legal Category **P** Date of preparation: August 2000 MRH011117



Andrex with the soft touch of aloe

Kimberly Clark is launching **Andrex with Aloe Vera**, which the company says is the first lotion-enhanced toilet tissue on the UK market.

Enriched with extract of aloe vera, which is known for its soothing properties, the new toilet tissue also features soft ripples.

Available in packs of four white rolls, the normal rsp will be **£1.99**, with an introductory promotional price of **£1.55**.

The launch is being backed by a TV campaign and national door drop to secure high awareness. Kimberly-Clark Ltd. Tel: 01732 594000.



Avent gets a handle on a little magic

Avent's successful **Magic Cup** is now available with handles.

The no-spill cups feature a valve design which gives a continuous flow of liquid with no vacuum build-up and since the initial launch last year, sales have grown to nearly 12 per cent of the cup market.

The Magic Cup

comes in two sizes and now mums can choose versions with or without handles. The 200ml cup has a soft spout ideal for babies ready to move from the breast to a cup, and the 260ml Magic Trainer Cup, with its green toddler spout, is suitable for babies from six months old. Both sizes are chunky, with softly rounded contours.

The new Avent Magic Cups with handles are available singly or in twin packs. The 200ml size costs **£3.85** for one, **£7.25** for a twin pack and the 260ml cup is **£3.99** for one, **£7.50** for two. Cannon Avent. Tel: 017878 267000.

Lever Fabergé sets the festive mood

Lever Fabergé has launched its range of Christmas gift sets from brands including **Lynx**, **Dove**, **Impulse** and **Physio Sport**.

There are nine Lynx packs in all the popular fragrances, ranging in price from **£4.49** to **£13.95**.

Impulse offers four gift sets in trendy new packaging, priced from **£2.99** to **£6.99** and including a nail decoration kit and a silver handbag.

There are five indulgent gift sets from Dove, including the ultimate pampering pack (**£9.99**) containing Cream Bath, Body Silk, candles and an eye mask. Prices start at **£4.35**.

Physio Sport's four packs have bright, bold new imagery and are priced from **£5.00** to **£10.00**.

Other sets are available for Brut, Aquatonic and Addiction. Lever Fabergé. Tel: 020 8481 6000.

Taking Advantix of Christmas sales

A new range of **Kodak Advantix** camera gift packs aims to help retailers maximise seasonal gift

opportunities.

Each of the six gift packs contains a camera, film, photo frame, case, strap and batteries.

An added-value voucher book is included, offering savings of more than **£15** on Kodak products.

Retail prices range from **£29.99** for the Kodak Advantix F320 Auto camera to **£139.99** for the Kodak Advantix T700 Zoom.

The cameras will be supported by a £3 million TV and press campaign over the Christmas season. Kodak Ltd. Tel: 01442 261122.

A new experience from Lynx

Three new shower gels in the **Lynx** range are designed to turn showering into a "real experience".

The three variants – **re-load**, **sunrise** and **transform** – include ingredients to help revitalise and refresh.

Re-load is a blue gel with suspended oxygen bubbles; sunrise is an orange-based gel for morning showers and transform contains red guarana to set users on the road to a great night out.

All three are in 250ml "see through" bottles and retail at **£2.19**.

A national campaign for the gels runs from October to December, with press, posters, PR and PoS. Lever Fabergé. Tel: 020 8481 6000.

Adidas gets fresh with Performance

The new **Adidas Performance** bodycare range for men and women comprises five deodorants catering for the different needs of the sexes, plus five unisex products.

Deo Performance for Women includes Intense Freshness spray, Intense Freshness roll-on and Sensitive spray.

Deo Performance for Men offers Intensive

Briefs

UniChem chooses fruit

UniChem is launching three bodywashes into its own brand range. UniChem's bodywash (**£1.49**) is available in grapefruit, orange and lime fragrances.

UniChem Ltd. Tel: 020 8391 2323.

Clairol sees red

Clairol Nice'n Easy has added three new reds to its permanent hair colorants. Natural Warm Chestnut Red, Natural Deep Red and Natural Dark Mahogany Red have been specially developed for the UK. Retail price is **£4.99**.

Bristol-Myers Co Ltd. Tel: 01895 628000.

Revamp for dry skin relief

Revlon has updated its dry skin relief range with new packaging, and a new addition – **Revlon Dry Skin Relief** firming body moisturiser. The rest of the range has updated bottles and the three variants have been renamed – normal, dry and sensitive. Revlon International Corp. Tel: 020 7284 8700.

spray and Intensive roll-on.

The unisex products are Revitalising Shower Gel, Hydrating Body Wash (250ml and 400ml), Cooling Performance Body Gel – Refreshing, and Nutri Performance Body Lotion – Moisturising.

The products are colour coded in metallic tones – light for women, dark for men. Prices range from **£1.99** to **£4.99**. Coty (UK) Ltd. Tel: 020 8971 1300.

Discretion is the better part of fempro for Tampax

Tampax aims to meet the needs of modern women with its new **Tampax Non Applicator discretion** box.

The box is small enough to fit inside a handbag and the only branding is on the outer wrapper. When the wrapper is removed, a colourful box is revealed, with each of three colours indicating a different absorbency.

Each box contains two eight-count packs of Tampax Non Applicator tampons and is available in Regular, Super and



Super Plus absorbencies. Procter & Gamble UK Tel: 0191 279 2000.

A colourful Opening for L'Oréal

L'Oréal has launched **OpenColor**, a permanent gel colorant with low ammonia.

OpenColor is designed to sit between existing permanent colour products and tone-on-tone colorants, and is aimed at women under 35 who may be reluctant to colour their hair at home because they are unsure of the results.

It is said to lift hair

colour by just one level, lightening and brightening the natural colour, enhancing natural highlights and giving softer root regrowth. OpenColour retails at **£6.99** and comes in 20 shades. L'Oréal Group UK. Tel: 020 8762 4000.



New comb to help get a grip on head lice

SSL International's new head lice comb – **Natruclear Easy Grip Comb** – is a durable, metal-toothed comb designed to make it simple to detect head lice by wet combing. The ergonomically designed handle is easy to grip when combing through the hair.

The comb (**£3.75**) should help parents in the first stage of head lice detection and afterwards (if treatment has been necessary) to comb out the dead lice and empty eggs.

SSL International plc. Tel: 0161 654 3000.

Gillette relaunches the shaving standard

Gillette's **Standard Preparation** shaving range is being relaunched with new look packaging, new formulations and three new products.

The new packs feature a black actuator and translucent smoked caps to reinforce the premium look of the range.

Gillette has introduced two new gels – Protection and

Moisturising – into the range. A Protection product has also been added to the shaving foam range. Retail prices range from **£0.99 to £2.19**. Gillette UK Ltd. Tel: 020 8560 1234.

Cod liver oil without the taste

Seven Seas is launching a new taste-free cod liver oil supplement as part of its drive to rejuvenate the market with cod liver oil innovations.

Seven Seas NeutraTaste capsules, which are taste-free, odour-free and non-repeating, are targeted at new, active users in the 35+ age group.

The capsules promise to deliver all the natural joint health benefits of cod liver oil in a capsule which is



guaranteed taste-free. The formulation boasts three patents.

The capsules are packaged in an eye-catching modern tub with silver, yellow and red livery.

The launch will be supported by a £5 million national TV, press and poster advertising campaign.

NeutraTaste comes in 500mg and 1000mg capsules in two tub sizes. The 500mg capsules will retail at **£3.29** for 30 and **£4.99** for 60. The 1,000mg capsules will retail at **£4.29** for 30 and **£6.99** for 60.

Seven Seas Ltd. Tel: 01482 375234.

Foamburst for hands

Foamburst Cleansing Wash is the latest addition to the Imperial Leather range.

The product, designed for use in the bathroom, is available in three variants – Moisture Delight, Perfect Balance and Vitality C.

Foamburst Cleansing Wash (**£2.29**) will be supported by a £1.3 million campaign including outdoor advertising and consumer promotions. Cussons (UK) Ltd. Tel: 0161 491 8000.

Briefs

A Soft Sensation from Dior

New from Christian Dior is **Teint Soft Sensation**, a foundation with a creamy, powdery, featherlight texture and matte finish. Available in nine shades, it retails at **£21.50**. Parfums Christian Dior (UK) Ltd. Tel: 01273 615400.

Anadin unwinds pain

Whitehall has produced a new **Anadin** guide designed to help pharmacy customers manage pain. A *Guide to Unwinding Pain* encourages customers to consult pharmacists regarding alternative methods of dealing with pain. Whitehall Laboratories Ltd. Tel: 0845 111 0151.

New Simple hand washes

Simple has launched two liquid hand washes for people with sensitive skin. **Pure Cleansing Hand Wash** and **Vitamin Moisturising Hand Wash** both come in 250ml pump bottles (**£1.99**). Accantia Health & Beauty Ltd. Tel: 0121 327 4750.

Echinacea is getting bubbly

New from Peter Black Healthcare's Healthcrafts VMS range is **Effervescent Echinacea**.

The concentrated, soluble tablets are citrus flavoured and contain 1g of fresh *Echinacea purpurea*.

The supplement (20 tablets, **£4.49**) is aimed at consumers with busy, stressful lifestyles who want to help protect their immune systems.

The launch is being supported by a marketing campaign including advertising and PoS material. Peter Black Healthcare Ltd. Tel: 01283 228300.



Say Yes to high protein weight loss

New from Distrisafe is **Yes**, a high protein food replacement weight loss programme.

It works on a meal replacement basis and is presented in bright packaging, with each box containing six sachets of high protein meals.

Yes is being launched in 14 different flavours, and new products will be introduced every two months, says Distrisafe.

Choices include cappuccino and chocolate drinks, three varieties of soup, three types of omelette, three fruit mousses and three desserts. Fresh vegetables can be introduced in week one, and other fresh foods in subsequent weeks.

A leaflet in each



pack explains the three stages of the weight loss plan. It also contains general dietary advice.

Yes, which is stocked by Enterprise and AAH, costs **£8.95** per box of six 21g meal sachets.

The product will be promoted through competitions, reader offers and sampling through the women's press and national newspapers. Distrisafe Ltd. Tel: 01233 650345.

Chefaro gets in touch with its Fem-inine side

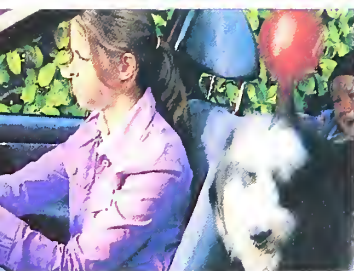
Chefaro Proprietaries is launching a new VMS range designed and branded for women.

The company says the four **Davitamon Fem** products, all retailing at **£4.95**, provide premium products at an affordable price.

Femnatal is formulated for women who are planning a pregnancy, are pregnant or are breastfeeding; **Femfit** is designed to suit the needs of women of child-bearing age; **Fembones** is an orange-flavoured, chewable calcium supplement, which also contains vitamins D and K; and **Fembalance** is based on evening primrose oil and vitamin E to help maintain healthy hormone levels and smooth, healthy looking skin.

The launch is being supported with a £500,000 marketing budget, which includes advertising in women's health and press titles from January 2002. Chefaro Proprietaries Ltd. Tel: 01480 421800.

Showcase Promotions



Hedex returns to TV after five years

Hedex is coming to the end of a two-month TV advertising campaign on major satellite channels.

The campaign builds on the "stressed mum" print ads and is the first TV exposure for Hedex for five years. Among the shows targeted are ER, Friends, The Simpsons, Jonathan Creek and Sex in the City.

The three new 10-second ads communicate the brand's key message as the only headache-specific pain reliever and there are variants for Hedex regular, Hedex Extra and Hedex Ibuprofen. GlaxoSmithKline Consumer Healthcare UK. Tel: 020 8560 5151.

Deep Heat sniffs out winter advertising

The Mentholatum Company is spending more than £800,000 on an autumn and winter campaign for **Deep Heat**.

The campaign began with a groundbreaking sports campaign in men's and sporting titles, allowing readers to peel back a clear plastic label to release the rubefacient's powerful aroma.

This is supported by national press and radio advertising. National press adverts run until December on the sports pages of papers such as The Sun and News of the World using three of the successful "Make the pain glow away" creatives. Adverts in titles such as the Daily Mail, Mail on Sunday, Express, Mirror and Reader's Digest use the same theme, but with images geared to a middle-aged or older audience.



Radio advertising takes place on Classic FM, Magic FM and some regional news slots, with five light-hearted and tongue-in-cheek executions. Laser Healthcare. Tel: 01202 780558.

Dulco-lax cashes in on flexibility

A £1.4 million advertising campaign targeted at women stresses the benefits of flexible dosage with **Dulco-lax Perles**.

The advertising will appear in top women's titles until December, featuring four open oysters containing the range of possible child and adult doses of the pearl-shaped microcapsules.



Boehringer Ingelheim is also introducing a new Dulco-lax merchandising package and training programme for pharmacies.

The support package includes PoS material and a reflective back wall unit is available to display six packs of Dulco-lax Perles. Bright green moulded plastic counter top units combine a leaflet dispenser with room to display four packs.

Large showcards featuring the Dulco-lax Perles bottle and microcapsules are suitable for window displays. Boehringer Ingelheim Ltd. Tel: 01344 424600.



Motilium 10 targets over-indulgers

A £500,000 advertising campaign for **Motilium 10** is timed to be in the public eye in the run up to the Christmas over-indulgence season.

Advertisements will appear in monthly magazines and national newspapers until December.

The campaign features "sick 'n

queasy" and "full and bloated" frog visuals.

The campaign aims to make consumers aware of the typical symptoms of dysmotility and to encourage sufferers to ask their pharmacist for a "motility specific" product.

Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.



GSK gets a Poli-Grip on the tango

After a successful regional trial earlier this year, GSK is spending £1.4 million on a national TV campaign for **Poli-Grip**.

The advert centres on the tango, with two denture wearers competing on the dance floor and one discovers why her rival uses Poli-Grip as her dentures go flying at a passionate moment.

The commercial will be on all ITV regions and some satellite stations until the end of November.

All three Poli-Grip variants are featured – Fresh Gel, Flavour Free and Ultra. GlaxoSmithKline Consumer Healthcare. Tel: 020 8560 5151.

Oxy books TV spots slots

Teen skincare range **Oxy** is back on TV, featuring the popular

Angela and Chip characters.

The £600,000 TV campaign, which runs until early October, covers all ITV regions (except Ulster), Channel 4 and satellite stations, with slots around teen favourites such as The Simpsons and Hollyoaks.



The TV campaign comes hot on the heels of the London final of the **Oxy Band 2001** competition which has attracted more than 10,000 aspiring pop stars chasing the chance to record with a top producer. GlaxoSmithKline Consumer Healthcare UK. Tel: 020 8560 5151.

GMTV deal for Vosene

Wella Vosene is back on TV for the first time since 1995.

The brand is sponsoring the GMTV lifestyle programme **LK Today** in a 13-week deal which runs until mid-December. Wella Great Britain. Tel: 01256 320202.

Testing, testing...

This month our testers were trying to keep a summery glow on their legs with fake tans. The results generally showed that faking it has come a long way...



Product: Sun Shimmer Self-Tanning Body Spray, £5.99

Tester: Deborah Steer

This was a real winner with Deborah, who usually uses tan towels to keep a little colour on her legs.

She liked the packaging, the pleasant smell and clear instructions for use.

She exfoliated and moisturised her legs before using it and found the product easy to apply.

The tan developed to a natural colour, with only a little dark streaking around her knees, and lasted four or five days.

Deborah said it gave just the result she hoped for and the product was good value for money and one she would recommend.

"I thought this product was really good because when I first applied it I

could see where I had missed the application. It has an oily texture so you could see the areas which had been missed. It also acted as a moisturiser."

Verdict: 10 out of 10

Product: L'Oréal Plenitude Sublime Bronze Self-tanning Milk, £10.59

Tester: Katie Wool

Katie thought the packaging and the fragrance were good, but she would have liked more detailed instructions.

She exfoliated and moisturised her legs before using the milk and found it reasonably easy to apply.

The tan developed to a fairly natural, slightly bronzy colour, with some dark areas which became more noticeable on later applications.

No matter how careful she was she could not manage to get similar depth of colour on both legs!

Verdict: 6 out of 10

Product: Ambre Solaire Duo Tan Self-Tanning Leg Bronzer, £7.09

Tester: Catherine Lang

Catherine tested a product she had used before.

She exfoliated and moisturised her legs before using the bronzer and found it easy and quick to use, producing an even, light, natural tan in one to two hours.

She reapplied after three days and found the later application just as successful.

Catherine said she would use this product again and would be happy to recommend it to customers. "It's very

good value for money too, just as good as more expensive brands," she added.

Verdict: 8 out of 10

Product: Piz Buin Jet Bronzer, £11.00

Tester: Anne Tapner

Anne does not usually use a fake tan, but she found the packaging attractive and the product pleasant smelling. The pack gave clear instructions and she found it very easy to apply.

A golden colour developed in a few hours, with no streaks or dark areas and lasted for five or six days. Reapplication restored the golden tan.

Anne thought the product was good value for money and she would use it again and recommend it.

"I have always been a bit sceptical of using fake tan, but I would be happy to use this again," she said.

Verdict: 9 out of 10

Product: Ambre Solaire Express Spray Bronzer, £8.45

Tester: Samantha Love

Samantha had never used a fake tan before and she found the look of the Ambre Solaire product – and its smell – attractive and pleasant.

She moisturised and exfoliated before her first application, which went on very easily.

A natural-looking tan developed in two hours, though she did have some darker patches.

Overall, she thought the product was good value for money and said she would recommend it.

Verdict: 7 out of 10

HEAVY BLOATED STOMACH?



LEAP INTO ACTION, REACH FOR



If customers feel that 'lead weight' in their tummy as if food is just sitting there, recommend Motilium 10. It's the only OTC motility product that restores a normal stomach digestive rhythm. So next time their stomachs are getting them down give them the lift they need.

Motilium 10. To sort your stomach out

Further information is available from **Johnson & Johnson MSD**

Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF

Motilium 10 is indicated for nausea and other stomach discomfort such as fullness, heaviness and bloating after meals. Legal Category: P



Dealing with diabetes

Obesity, lack of exercise and a high-energy diet are all factors which may lead to people developing Type 2 diabetes. Mary Allen examines the condition which may remain undetected in a large number of people in the UK

Around one million people in the UK are known to have Type 2 diabetes – and it's thought that there are at least another million whose diabetes remains undiagnosed.

There are two main types of diabetes. Type 1, or insulin-dependent diabetes, usually arises in childhood or early adulthood. It is thought to be caused by an auto-immune reaction which causes destruction of the cells in the pancreas, where insulin is made. Insulin's role

in the body is to deal with blood glucose, so people who can't make their own insulin have to inject it every day.

Type 2 diabetes is much more common than Type 1, accounting for more than four-fifths of all cases. It usually starts in middle age or in older people, and as many as one in 10 older people in the UK are affected, with people from Asian and Afro-Caribbean communities more likely to develop it.

Type 2 diabetes is thought to be due to insulin resistance, which means that insulin is less effective in lowering blood glucose than it would be in a healthy person. At first, the body tries to compensate by producing more insulin, but eventually the pancreatic cells become exhausted and insulin production is impaired. This results in an accumulation of glucose in the blood, which the body is unable to use efficiently.

Obesity, lack of exercise

and an energy-rich diet are among the lifestyle factors which contribute to the possibility of developing Type 2 diabetes. Sufferers may develop various complications and have an increased risk of problems such as heart disease and stroke.

Circulation and heart complications

Type 2 diabetes is associated with an increased risk of heart disease, stroke and peripheral vascular disease.

Advice for diabetics and their families:

● Lifestyle advice:

- eat at least five portions of fruit/vegetables daily
- eat cereals, bread, pasta, potatoes or rice as the main part of each meal
- reduce dietary fat and use fats and oils that are low in saturated fats
- limit alcohol intake to no more than the nationally-agreed units per week
- stop smoking
- drink plenty of water or sugar-free drinks
- exercise daily
- check blood (or urine) glucose levels regularly, and have additional clinic checks
- know the signs of hypoglycaemia
- take prescribed medicines regularly and according to instructions
- take care with feet – don't self-treat any foot ailments without consulting a doctor or chiropodist
- have regular eye checks

Cardiovascular disease kills up to 75 per cent of patients with diabetes and stroke kills around 15 per cent.

Small blood vessel complications

Over time, uncontrolled diabetes can damage small blood vessels, causing damage to the eye, kidneys and nerves.

- Eye damage, or retinopathy (damage to the retina) occurs in most diabetic patients within 20 years of Type 2 diabetes, and can result in blindness.
- Kidney damage, or nephropathy (damage to the small blood vessels in the kidney), can result in protein being lost in the urine and an increased risk of renal failure. Nephropathy develops over 10 to 15 years, and it used to be thought that it was less common in Type 2 diabetes than Type 1. However, it is now thought this may be simply because Type 2 diabetic patients don't live long enough to develop it.

Patients with diabetes should have an annual check with their GP or diabetic clinic for the presence of small amounts of protein in the urine, or microalbuminuria – the earliest sign of nephropathy. Some patients are prescribed medicines to help to reduce the risk of kidney damage.

- Nerve damage or neuropathy occurs in around 60 per cent of patients, causing problems in 30 per cent. Peripheral nerve damage may produce severe damage to soft tissue or chronic ulceration. Ask your pharmacist about patients who receive huge amounts of dressings and bandages – chances are that some will have diabetes. In the worst cases, this type of damage can lead to gangrene and

amputation of feet or legs.

Around one-tenth of diabetic patients over 60 undergo amputation and, apart from the appalling effects on the patient, this costs the NHS around £15 million each year. At least half the amputations could be avoided through good control of blood glucose levels.

Another form of nerve damage caused by diabetes can cause impotence and gastrointestinal problems such as diarrhoea.

A couple of years ago a large diabetes study (UK Prospective Diabetes Study or UKPDS) revealed that the complications of diabetes affecting small blood vessels could be very much reduced as long as blood glucose levels were closely controlled. This includes regular blood (or urine) glucose checks to monitor the levels of glucose in the blood, together with less frequent checks at the clinic which measure the overall control of blood glucose over the previous two months.

Management of Type 2 diabetes

Around one-tenth of patients with the Type 2 disease can control their diabetes by lifestyle changes alone.

Obesity worsens insulin resistance, so a healthy diet is the key to diabetic control. Weight loss will lower blood glucose, blood pressure and levels of blood lipids such as cholesterol.

Giving up smoking and reducing alcohol intake both help to reduce cardiovascular and stroke risks, and regular exercise helps to reduce blood glucose and lipids.

Many patients will need drug treatment to manage their condition, but prescribed drugs are

intended to supplement, not replace, lifestyle change, so diet and exercise remain important.

Drugs used in Type 2 diabetes work either by stimulating insulin secretion from the pancreatic beta-cells, or by helping the body use its insulin more efficiently. Between five and 10 per cent of patients with Type 2 diabetes end up injecting insulin if their illness is not adequately controlled by lifestyle changes or oral drugs.

Hypoglycaemia

Hypoglycaemia is a condition which occurs when the blood sugar drops too low – and it can be dangerous. It can happen in patients using insulin or certain drugs to manage Type 2 diabetes and is the result of the dose not being quite right. Symptoms include sweating, palpitations, hunger, confusion, drowsiness, difficulty with speech, lack of co-ordination, blurred vision, unusual behaviour, nausea and headache. Severe hypoglycaemia can result in coma.

Patients often know when a "hypo" is coming on. They take extra glucose (10-20g) by mouth, from sugar or sweet drinks such as Ribena. If the patient is unconscious or unable to swallow safely, he must be treated with intravenous glucose or an injection of glucagon, a hormone which increases the blood glucose levels.

How you can help your customers

1. Lifestyle advice

Your pharmacy can provide help and advice for patients with diabetes and their families to help them stay well and avoid some of the complications. It can also offer lifestyle advice for all customers to help them avoid developing Type 2 diabetes. Obesity and lack of exercise are known risk factors and you can probably obtain useful leaflets from your local health promotion

unit for display in your pharmacy. Organisations such as the British Heart Foundation have excellent leaflets on these topics. The charity Diabetes UK produces useful leaflets, but these seem more easily accessed by patients themselves.

The Stroke Association produces excellent leaflets about the risk of stroke, as do some pharmaceutical companies.

Giving up smoking is one of the most important things a diabetic patient can do, so use every opportunity to provide encouragement and advice about NRT products.

2. Identifying people at risk
You will probably already know that you must refer customers asking for certain medicines to the pharmacist, and there are several "common ailments" which may be symptomatic of diabetes. Although conditions like vaginal thrush, "embarrassing" itching, cystitis, athlete's foot, boils and styes can all occur in non-diabetic customers, recurrence of these conditions can suggest the possibility of underlying diabetes, and customers should be referred to their GP.

In some areas, community pharmacies have become involved in screening for diabetes, through a simple urine dipstick test.

3. Help customers to understand how to monitor blood glucose

Your pharmacy probably sells blood glucose monitors – machines providing accurate readings of test strips. It is important to make sure the customer understands exactly what to do whenever a machine is sold.

There are some excellent "deals" on blood glucose monitors and it is worth contacting manufacturers to discuss prices. The manufacturers are usually happy to cut prices because they make their money from the ongoing supply of testing strips which are

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Symptoms of diabetes:

- Excessive thirst
- Passing large amounts of urine
- Weight loss
- Tiredness, lack of energy and irritability
- Tingling in the hands and feet
- Itching in the genital area
- Frequent infections which take time to clear, including skin infections and thrush
- Blurred vision

usually very specific to the monitors concerned – so once a person has bought his monitor he is “locked in” to a brand of testing strips (albeit via NHS prescription) for the lifetime of the monitor.

4. Taking care with OTC products

Myths about which OTC liquid medicines people with diabetes can and can't take still persist, despite a general consensus that in most cases, diabetic patients can take pretty much the same as anyone else. The issue about sugar in medicines seems to live on, although advice from Diabetes UK is that patients can take medicines with sugar in them as long as they take the sugar content into account. Blood glucose levels can vary anyway when a person has a cold or is generally unwell, so it is more important for a patient to monitor their blood glucose levels carefully when ill than it is to restrict their choice of medicine.

Do remember that diabetic patients shouldn't self-treat foot problems. Because of the possible damage to nerves and circulation in diabetes, patients can harm themselves if, for example, they use corn treatments, which can destroy healthy tissue as well as the hard skin associated with corns. For any foot problems you should always ask customers if they have diabetes, and tell the pharmacist, if they have.

Some OTC cystitis treatments are not recommended for diabetic patients, partly because they contain electrolytes, which may pose problems for people with impaired kidneys, but mainly because there is likely to be an underlying infection which will need antibiotic therapy.

Look at the medicines on your shelves, see which are not recommended for diabetic patients and discuss these with your pharmacist. And think about how you could improve your stocks of health promotion leaflets.

Lastly, make sure your pharmacist has a copy of the Royal Pharmaceutical Society's recent guidelines: *Practice Guidance for Community Pharmacists on the Care of People with Diabetes*.

Pharmacy launches detection and monitoring programme

GPs are welcoming an initiative by a Staffordshire community pharmacy, which has launched a screening and monitoring programme for diabetes.

The programme provided by the Primary Care Pharmacy at Tamworth involves close liaison with local doctors. The scheme also has the backing of diabetes consultant Dr Vinod Patel, who works at the George Eliot Hospital in nearby Nuneaton.

The scheme offers easy access and is tailored to the needs of both established diabetics and those showing symptoms of the disease or concerned that they may have it.

Patients booking an appointment for a private consultation at the Primary Care Pharmacy in Hospital Street have their tests carried out by clinical pharmacists in one of the specially-equipped consultation rooms. The tests are based on the recommendations and guidelines from Diabetes UK.

If a positive result is recorded, the patient's GP is advised in writing by the pharmacy. Tests for cholesterol and high blood pressure are also carried out at the initial consultation.

“The whole procedure does not take more than 15 minutes,” says clinical pharmacist Mohammed Ibrahim, who heads the Primary Care Pharmacy diabetes programme.

“Before checking their blood glucose levels, we usually ask people to fast for the 12 hours before. If the reading is below the baseline figure, we will likely recommend another test in a year or two years' time, depending on what their symptoms are. A drop of blood on a machine can give us a reading within 30 seconds.”

Before joining Primary Care Pharmacy,

Mr Ibrahim conducted a project which involved the screening of 300 people in Nuneaton for diabetes. Four people were found to have the disease who weren't aware of it and they were directed to the appropriate care. He says:

“Diabetes is one of those diseases that you could have without knowing for many years until you develop complications like heart disease.”

Mr Ibrahim adds: “If funding could be provided by the primary care trust and NHS bodies, that would make it a lot easier for the patients. Obviously, more people would be directed to the appropriate care, reducing complications which in turn would reduce NHS outlays in the long term.”

When diagnosed, diabetics register for the diabetic monitoring programme at the Primary Care Pharmacy. The aim is to provide them at their first appointment with a medication review. They are also given an HBA1C Level Measurement test which detects the blood glucose level over a period of time, a microalbuminuria test to check the protein levels in the urine, and membership of Diabetes UK, which offers support and advice.

Once on the monitoring programme proper, they are supplied with a blood glucose meter for use at home to keep a regular check on their diabetes.

Every three to six months they would be given an HBA1C and a medication review, with an annual microalbuminuria check. Other options in the package include a diabetic foot health check with a chiropodist, home delivery of medicines and the opportunity to call a dedicated Drugs Information Line and have a health professional answer their queries.



Obesity is a known risk factor for diabetes – another reason for the UK not to embrace the American passion for junk food

Laura is our OTC Olay face of 2001

With a record number of entries – and a record high standard – you certainly set the judges a challenge when it came to choosing the winner of the OTC Olay Model of the Year 2001.

When the judges – OTC supplement co-ordinator Lesley Keen, art editor Tony Lamb and Tony Falzarano from Procter & Gamble – opened the envelopes containing this year's entries we realised we had a hard morning's work ahead of us.

It took plenty of time to whittle the entries down to just four from which to choose our winner and three runners-up, and then came the job of selecting the winner.

In the end we decided that Laura Brown, from Thornton Cleveleys, near Blackpool, would be our November covergirl.

Laura, 17, who works part-time at Lloydspharmacy at Thornton Cleveleys, was thrilled when we broke the news.

"I just can't believe it. It's wonderful," she said



Laura Brown

And she wanted to say a special thankyou to Trudy Gibson, a colleague at the pharmacy.

"It was Trudy who said I should go in for the competition and she sent the entry in for me. I wasn't going to enter myself," she said.

Laura has been working at the pharmacy, usually on Saturdays, since December last year. She says she really enjoys serving customers and giving them good advice. When she is not at the pharmacy or continuing her A level studies at college, she enjoys going to the gym and spending time with friends. After A levels, she plans to go to university and take a degree in media and business studies.

Laura will be travelling to London for her big day next month, when she will be taken to a top photographic studio where a leading hair stylist and an Olay make-up artist will give her three fabulous new looks. Each of her looks will be captured by top photographer Maureen Barrymore and one of the pictures will feature on the cover of the next issue of OTC. Laura will also be featured in two issues of the magazine next year.

As well as her day in front of the lens, Laura will receive £200 worth of Olay products so she can recreate

"Everyone at the pharmacy will be so chuffed when I tell them"

her new looks at home as well as keeping her skin model-girl perfect.

Our three runners-up are Marie Nichols, from Liverpool, who works at Shorts Chemist in Crosby; Petra Curran, from Hook in Hampshire, who works at Reeds Chemist in Hook; and Reina Popat, from Woodford Halse, who works at Popsons Chemist in Northamptonshire. They will each receive Olay products worth £50.

Olay has generously agreed to send a tub of Olay Daily Facials Cleansing Cloths to all the other entries received by the closing date.

Congratulations to our winners and thanks to all the OTC readers who entered the competition.



Marie Nichols



Petra Curran



Reina Popat



Hair today

From rock chick messy to 1980s asymmetric edgy – this season's hair has it all. **Sarah Purcell** looks at the latest haircare trends and the products to help your customers get the look

To anticipate the kind of haircare products your customers will be asking for this autumn, you'll first need to get up to date with this season's hair fashions.

This year sees a combination of new looks inspired by the catwalk shows, mixing nostalgia with a futuristic edge for an individual look. The bold, geometric cuts from the 1980s have been reinvented with an asymmetric edge as seen at Charles Worthington and Vidal Sassoon.

"Dramatic, hard-edged and uncompromising, the mood is post-industrial. Asymmetric constructed outlines are used to build graphic silhouettes," says Vidal Sassoon.

At London Fashion Week, celebrity hairdresser Charles Worthington co-ordinated 1980s black clothes with dramatic asymmetric bobs – think Human League, but with a softer edge.

At Tony & Guy's new fashion-led hairdressing group Essentials, creative director Sacha Mascolo sees Pop Art and Rock Chic as the dominant hairstyle themes for autumn and winter.

"We'll see lots of black and brunette colours with blunt, edgy cuts and casually-styled shaggy hair with side or centre partings," says Sacha. "And so many people have followed the bob over the last year, this season will see more variations on this theme."

Andrew Collinge, nominee for British Hairdresser of the Year 2001, says: "This autumn's looks will be shiny, glossy by day, altering to wild and funky at night. Hair that's extremely short underneath with longer layers on top is a great idea to copy from this season's catwalk looks."

At Wella, technical hair manager Michael Douglas says several trends will be

hot news this season – low side partings with ultra shiny hair; the messed up rock chic look; short, asymmetric crops with a 1980s feel; the platinum blonde bob.

For those who don't want a high-fashion look, the layered, graduated, easy-to-wear styles are still very current and for this, hair needs to be straight, shiny and healthy looking. There's no hint of a return to the shaggy perms of the 1980s!

Haircare trends

Choosing a shampoo these days can be quite an ordeal, as there is an overwhelming array of brands and variants. You'll be hard-pressed to find products that simply "cleanse" or "condition" your hair – it's all about those extra benefits that transform your mop into goddess-like tresses.

You can select a shampoo to build body, create shine, tame frizz, preserve colour and protect your hair from UV damage. Choose a conditioner to repair breakage, lock in colour, combat ageing and promote shine. And styling products will transform your hair to create whatever look you desire, no matter what your hair type.

As with skincare and cosmetics, mass market haircare ranges are no longer "basic", but are constantly reinvented with one hi-tech innovation after another. This summer alone has seen the launch of Wella Vivality and the relaunch of Organics and Pantene. And the celebrity hairdresser ranges are going from strength to strength with their promise of high fashion looks at a fraction of the price of a celebrity haircut.

What's new?

● To combat the signs of ageing, L'Oréal's Elvive Regenium has been formulated for women in their mid-40s and over. It is designed to revitalise and nourish hair, adding body,

moisture and shine. The range includes shampoos, conditioners and styling mousse.

● Nearly half the women in the UK colour their hair and with this in mind, L'Oréal has launched Elvive UV Filter Colour Protect Masque and Leave in Protective Concentrate. This is designed to condition and protect hair from UV rays, so helping colour last longer and stay truer.

● Wella has launched Vivality, a range of 15 high performance shampoos, conditioners and treatment products with protein formulas to suit four hair types – normal, fine, dry/damaged and coloured/highlighted. The launch is being backed with a £27 million support spend in the first year.

Styling trends

There's now a styling product designed for every hair type, from the finest, straightest hair to the thickest, curliest locks. And you can choose a product to create whatever look you want. Products to create straight, glossy hair are still very much in vogue, and for the tousled, just-got-out-of-bed look, there are pastes and waxes to texturise and shape.

What's new?

● Charles Worthington has extended his haircare range with the launch of a fashion-led brand of styling products this autumn. Called In Fashion, the range includes six styling products, eight styling tools and five fashion accessories. The range will be updated every six months to keep up with the latest fashions.

● New from Studio Line is Style'O, a styling water for use on wet or dry hair, that gives a natural look with no stickiness or stiffness. It can be used to style or as a holding spray.

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Get Active – and win a chance to cut the time it takes to organise your day with a stylish Palm Pilot

Benlylin, the UK's number one cough remedy, is launching an exciting cold and flu remedy in time for the coming winter season. New Benlylin Active Response provides pharmacists with an exciting offering for customers as it is clinically proven to cut the length of a cold by up to half.¹ To coincide with the launch, Warner Lambert Consumer Healthcare is offering you the chance to cut the length of time it takes to organise your day with a stylish new Palm Pilot. Not only is Benlylin Active Response good for your customers' colds, it's good for you too!

What makes Benlylin Active Response special?

Benlylin Active Response contains echinacea purpurea, a natural ingredient proven to boost the body's immune system and therefore aid recovery. It is obtained by a unique extraction process which uses pressed juices rather than the more



conventional method of alcoholic extraction.

Why recommend Benlylin Active Response?

A recent survey² conducted by Benlylin revealed that 87.5% of people actively treat their winter illness symptoms with an OTC treatment. Key factors influencing a choice of remedy included:

- An established/well known brand
- Fast acting nature of the remedy.

Benlylin Active Response delivers on both fronts. You can be reassured that by recommending Benlylin Active Response you will be giving your customers sound advice they know they can expect from their pharmacist.

Benlylin Active Response is suitable for the whole family (from the age of 2 years). When taken at the first sign of a cold it is clinically proven to cut the duration of the

cold by up to 50%¹. So, when you next see someone with the early signs of cold or flu, recommend Benlylin Active Response.

Win a Palm Pilot

Warner Lambert Consumer Healthcare is offering three lucky readers the opportunity to reduce the length of time it takes them to organise their day with a stylish Palm Pilot.

For a chance to win one of three Palm Pilots simply:

- Answer the questions on the right, and
- In 20 words, answer the question: "What in your working day would you like to cut in half and why?"

Put your responses on a postcard and send to: Benlylin Active Response/OTC Competition, Miller Freeman, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Entries should arrive by October 26.

1. Benlylin Active Response can cut the duration of colds by up to:

- 25%
- 37%
- 50%

2. Benlylin Active Response contains which form of Echinacea?

- Echinoc
- Purpurea
- Hedgehog

3. In the recent Benlylin Survey how many people treated their winter illness symptoms with an OTC treatment?

- 50%
- 87%
- 87.5%

4. What in your working day would you like to cut in half and why? (no more than 20 words).

- Rules:** 1. The competition is open to Pharmacists and pharmacy assistants only. 2. Only one entry per person will be accepted. 3. The competition is not open to employees of Warner Lambert Consumer Healthcare or CMP Information, their agencies or relatives. 4. Entries received after October 26, 2001 will not be eligible. 5. All correct entries will go forward for judging on the basis of the tie breaker. The three prizes will go to the entries which in the opinion of the judges provide the best answer to Question 4. 6. The judges' decision is final and no correspondence will be entered into. 7. Warner Lambert Consumer Healthcare reserves the right to use any submission for future publicity. 8. The winners' identities will be available from Jon Pike, Munro & Forster Communications, 89 Albert Embankment, London SE1 7TP upon submission of a stamped addressed envelope two weeks after the closing date of the competition. 9. No cash alternatives are available. 10. Entry to the competition is taken as acceptance of the rules. 11. Proof of posting cannot be taken as proof of receipt.

Product information: Benlylin Active Response Presentation: 100g oral solution contains 2.34g dried pressed juice from fresh flowering Echinacea purpurea herba. Uses: For the supportive treatment of recurrent infections of the upper respiratory tract. Dosage: Adults over 12 years: 5ml three times daily; children 6-12 years: 5ml twice daily; children 2-5 years: 2.5ml three times daily. **Contra-indications and Cautions:** Hypersensitivity to any of the ingredients or to plants of the Compositae family. Pregnancy and lactation. Do not use in progressive systemic diseases such as tuberculosis, leukaemia, collagenosis, multiple sclerosis, other autoimmune diseases, or in AIDS or HIV. Side and adverse effects: Rarely, hypersensitivity. **SRP:** 75ml £4.29 (ex VAT £3.54). Legal category: GSL. PL holder: Madaus AG, Osterheimer Str. 198, D-51109 Cologne. Further information available from: Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZQ. PL no: 04638/0011. Date of preparation: September 2001.

¹ O. Hohcisel et al, Echinagard treatment shortens the course of the common cold: a double-blind, placebo-controlled clinical trial, European Journal of Clinical Research 1997; 9:261-268
² The Benlylin Cough Survey was carried out by independent market research company Kember Associates via street interviews with 594 people in full time employment (greater than 30 hours a week)

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- To protect hair from damage while blow drying, L'Oréal has developed Elvive Anti-Breakage Blow-Drying Milk, said to reduce breakage from brushing and blow drying by up to 90 per cent.
- To achieve the latest styles, check out the new Studio Line Special FX products. They include Remix, a modelling paste to mould hair into any shape you want; Shine Contrast, a moussing wax to texturise and increase shine; and High Gloss, a wax to achieve a mirror shine.
- The VO5 range has been relaunched. To make selection easier, the range has been divided into three colour-coded categories — flexible hold, firm hold and extra firm hold.
- Most women want more volume and products promising this are ever-popular. Andrew Collinge has added Root Lift Mousse to his range. "The key to making virtually any style look its best is to build in some body and the best way to get long-lasting body and volume is to concentrate on the root area," he says.

Shampooing

- Wet your hair thoroughly in warm water — sebum won't dissolve in cold.
- Use a small dollop of shampoo on short hair, a medium dollop on longer hair and spread it between your hands before stroking it through your hair.
- Pay special attention to the hairline area, where dirt can lodge.
- Gently massage the shampoo into the roots with the fingertips.
- Rinse thoroughly.
- You only need to shampoo again if your hair was very dirty, or the product didn't lather well the first time.
- Apply conditioner, concentrating on the ends rather than the roots.
- Rinse your hair in clean, warm water — never in bathwater, as soap residue will cling to the hair, making it dull. Rinse several times until the water runs clear.
- Blot hair dry — don't rub hard or you may damage it.

Styling products

Mousse

This is a light foam to add body to fine hair or to control dry hair. Creates a soft style.

Volumising sprays

Designed to add body to fine hair, these should be applied to the roots before blow drying.

Waxes

Designed to add definition to a style, these are good for layered cuts.

Anti-frizz serum

Used to tame unruly hair, these usually contain silicone, which coats the hair shaft and smooths the hair. Only a tiny amount is needed.

Shine enhancers

Available in spray or liquid form, these also contain silicone for glossy locks. Again, use only a tiny amount.

Curl revitalisers

These moisturise curly hair and so increase curliness. In gel or spray form, they are applied to wet hair.

Gel

Use to slick back unruly hair and give a glossy finish. In spray form they add body to fine hair or define curls.

Hairspray

This was the first styling product invented and is great for holding a style in place. The newest products do this invisibly, without stickiness or stiffness.

How to create sleek, shiny hair

Celebrity hairdresser and author Charles Worthington (Dream Hair series) explains how to create the popular glossy look.

1 Shampoo and towel dry hair, then cover evenly in a light mist of blow drying spray.

2 Starting at the back and working forwards, section off hair with clips. Using a large straightening brush, point the hairdryer nozzle downwards and dry a small section of hair at a time, starting at the roots. Move the dryer down your hair at the same time as the brush.

3 Once you have dried each section, switch the dryer to the cold setting to close the cuticles and add shine.

4 Use straightening irons for ultimate lasting shine. Run them from roots to the ends of the hair. This seals the cuticles, making it impossible for moisture to penetrate the hair shaft.

5 To finish, rub a small amount of glossing serum in the palms and smooth over the surface of your hair.



Wella

The Cambridge Counterpart training course for pharmacy assistants is sponsored by Whitehall Laboratories and Chemist & Druggist



CAMBRIDGE COUNTERPART

PHARMACY ASSISTANT DEVELOPMENT



These articles on giving up smoking and slimming on the following page are extracts from the twelfth module of the Chemist and Druggist Counterpart training

course for pharmacy assistants. Other topics covered in the full Healthy Lifestyle module are diet, supplements, exercise, alcohol, caffeine and sleep problems.

We are including selected extracts from the course modules together with sample questions in OTC to give you an idea how the course is structured. However to meet the standards required by the Royal Pharmaceutical Society of medicines counter assistants, you will need to register for the whole course with its associated telephone marking system. Full details of how to join the course appear below.

TEST YOUR UNDERSTANDING – SAMPLE QUESTIONS

Only tick the boxes that are **correct** statements or **correct** answers to customer questions.



1. 'I'm pregnant and have tried unsuccessfully to give up smoking. Would an aromatic inhaler help me?'

☐


2. 'Skipping breakfast is a good way of cutting down your daily calorific intake.'

☐


3. 'I'm trying to lose weight sensibly. Are meal replacements effective?'

☐


4. 'I've been trying to cut down the number of cigarettes that I smoke, but I just can't seem to give up. Can nicotine gum help?'

☐

Cambridge Counterpart is a course designed to train pharmacy assistants to Royal Pharmaceutical Society standards. This 14-part modular course is delivered by Chemist & Druggist and Whitehall Laboratories and has been accredited by the College of Pharmacy Practice.

Modules covered by the course include Summer Healthcare, Coughs and Colds, Skin Disorders and Healthy Lifestyles. Each module comprises a 5-page learning document for use by up to four assistants, together with individual assessment sheets and case studies. The pharmacist acts as the tutor, providing feedback for the assistant and help with the case studies. A pharmacist briefing pack supplied with the course contains summaries of each module, together with guidance on tutoring.

After completing each module and its corresponding assessment, the pharmacy assistants can register their scores using Chemist & Druggist's telephone marking system. The telephone marking system allows up to two test opportunities for each module and provides instant results on the phone. The scores are logged and stored on computer, and a letter with your scores is sent to you when you have completed the course. Your pharmacist is then asked to 'sign you off' before you receive your College of Pharmacy Practice certificate.

A complete set of training modules, together with assessments, case studies and briefing pack costs only £17.63 (inc VAT) and can be used with up to four assistants. Each assistant must register for telephone marking and College of Pharmacy Practice accreditation, at a cost of £29.38 per person. To register for the course, fill in the form opposite. Your pack will be sent to you within 7 days.

REGISTRATION FORM

Pharmacist

Pharmacy

Address

Post Code

Telephone Fax

Course registration fee is £29.38 per person (inc VAT)

Name £

Name £

Name £

Name £

Name £

Sub total £

Please include () complete sets of Counterpart modules 1–14 at £17.63 each (inc VAT) £

Total £

Make cheques payable to United Business Media International Ltd and send to: Mary Prebble, Pharmacy Editorial Projects, Chemist & Druggist, Sovereign House, Sovereign Way, Tonbridge TN9 1RW

SLIMMING



Excess weight puts a strain on the body and increases the risk of diseases such as heart attack, diabetes and arthritis.

We put on weight when we don't use up all the energy our food provides. The only way to shed it is to eat less or burn more calories by being more active.

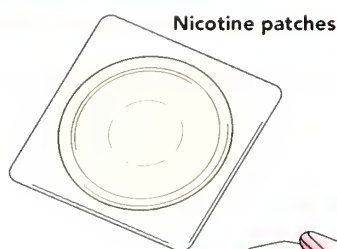


Advice:

- The best way is to lose weight gradually (about 1kg a week). Crash dieting is harmful and the weight usually piles back on when you revert to normal eating.
- For most people a diet providing 1,000 to 1,500 calories a day is a good target. Go below this and the body adapts to starvation by burning off calories less efficiently.
- The emphasis should be on a healthy eating plan which can be followed for life, based on high fibre, low fat foods you enjoy and allowing for the occasional overindulgence. Banning foods makes you more likely to give up the diet.
- Meal replacements are a convenient way to control calorie intake, but may not re-educate people into a permanent healthy eating pattern. Similarly sugar substitutes are a great help in cutting calories, but do little to wean people off sweet things in the long-term.
- It is better to eat three meals a day, rather than one big meal, particularly if the big meal is at night and you sleep afterwards. Avoid the temptation to skip breakfast, as it helps your body's metabolism to get going.
- It is also important to increase physical activity, because exercise burns calories. A brisk half hour's walk four times a week would burn enough to lose 10lbs in a year without dieting.

Slimmers need moral support and joining a group helps motivation. Find out about local classes such as Weight Watchers, so you can refer customers.

GIVING UP SMOKING



Nicotine patches



Nicotine gum

Nicotine lozenges



Giving up smoking is not easy and potential non-smokers need your sympathy and encouragement. Follow-up support may still be needed even when smokers have stopped.

The main reason for not smoking is to enjoy better health. One in six of all deaths in the UK are smoking-related and it is never too late to stop. Most smokers already know it is bad for them, so you could concentrate on the positive aspects of giving up. These include more money to spend, more energy – as the blood can carry more oxygen, and fresher smelling breath and clothes.

The reason why smoking is hard to give up is that nicotine is a highly addictive drug. Sudden withdrawal leads to cravings, anxiety and restlessness. Smokers also get into the habit of having something in their hands or mouths, or enjoy rituals such as smoking after a meal.



Advice:

- Pick a day and stop abruptly, don't just cut down.
- Throw away all smoking accessories.
- Avoid any tempting situations.
- Take it one day at a time. Quitting for good may seem like a superhuman task.
- If you feel the urge to smoke, distract yourself with other activities.
- Get help and support from friends and family. Quitting with a fellow smoker strengthens resolve.
- Remember the rule of three – the craving only lasts for about three minutes, the third day after stopping will be the worst as all nicotine will have been cleared from the body, and withdrawal symptoms last about three weeks.

Detailed advice is available from Pharmacists Action on Smoking, and manufacturers of stop-smoking aids can provide useful self-help literature.



Treatment: Many people find that nicotine replacement products such as gums and patches help them over the worst. These provide enough nicotine to reduce cravings and withdrawal symptoms but less than in a cigarette. They enable smokers to break the smoking habit first, then wean themselves off nicotine.

Find out to what extent your pharmacy protocol allows you to be involved in selling these products and always make sure customers know how to use them. They only help if people are genuinely committed to giving up.

Nicotine gum must be chewed slowly over about 30 minutes when there is an urge to smoke, up to a maximum of 15 pieces a day. Consumption is reduced gradually after three months. Smokers who smoke fewer than 20 cigarettes a day should start with the 2mg strength. Those who need more than 15 pieces or smoke more than 20 cigarettes or who have their first within 20 minutes of waking should try 4mg.

Users may complain of mouth ulcers, but this is a common withdrawal symptom, not due to the gum. It can cause hiccups and dyspepsia if chewed too quickly.

Nicotine patches deliver nicotine at a steady rate through the skin. The starting strength depends on the number of cigarettes smoked and is reduced over a period of weeks (see packs). Customers should use only one at a time and should give up all other forms of nicotine. Smoking at the same time is dangerous.

Adverse effects include insomnia, abnormal dreams, nervousness, dyspepsia and increased cough (although smokers often find their cough gets worse in the first few days after stopping, as the body tries to clear out accumulated rubbish from the lungs). Patches must be kept out of children's reach and thrown away carefully.

Patches which are worn for 16 hours may be more suitable for people who experience sleep disturbances; the 24-hour patch may be better for those who crave a cigarette first thing in the morning.

Lozenges containing small amounts of nicotine are available, but there is less convincing evidence of their effectiveness.

Nicotine-free aids to smoking cessation include an aromatic inhaler which claims a similar success rate to nicotine patches.

Capsules containing menthyl valerate, quinine, camphor and eucalyptus oil are another alternative, but should not be used in pregnancy or breast-feeding.

In aversion therapy, gums or mouthwashes containing silver acetate are used before smoking to make the smoke taste foul.



Refer to pharmacist:

- People who ask for help in stopping smoking.
- Those using nicotine replacement products for the first time.
- People with heart disease, high blood pressure, peptic ulcers, thyroid problems, diabetes, kidney or liver problems.
- People with chronic skin disorders or reactions at the patch site.
- Pregnant or breast-feeding women.
- People taking other medicines.



Vein of discontent

*Varicose veins are not life-threatening, but they are painful and can lead to ulceration in extreme cases. **Jeremy Clitherow**, MBE FRPharmS, explains what causes them and what help and advice you can offer your customers*

The typical varicose vein we see is a bluish knobby protrusion or set of protrusions on the surface of the calf, thigh or around the back of the knee. Spider or threads veins are another, but lesser, variant.

Around one adult person in five will have some evidence of true varicose veins or the signs of their development. Men develop them more often than women, and people who stand up all day long are most at risk of developing the condition. Pharmacy assistants, take note! A staggering 80 per cent of all adults will have spider veins somewhere.

Varicose veins affect both sexes. Their prevalence is increased by pregnancy, female obesity, chronic constipation, heavy manual work, standing still for lengthy periods and advancing years. There is a strong familial link too. Pelvic tumours can also cause a decreased venous return and pre-dispose the patient to varicosities.

What causes them?

The adjective "varicose" means swollen, and nothing more. However, the medical term varicose vein embraces much more than the simple swelling of a blood vessel. To understand the condition properly we have to revert to the basics of anatomy and man's evolution from his original quadruped (four-footed) ancestors.

The heart pumps oxygenated blood around the body through elastic-walled blood vessels called arteries. The return flow to the heart is transported by a different series of vessels called the veins, hence the term venous return. The veins have a series of one way valves along their length to ensure that the blood only moves back towards the heart.

One of the major problems that man has brought upon himself arises because of his upright posture. We stand up straight and yet nature's



Varicose veins affect the superficial veins in the legs

blueprint of man still relates to a creature which moves on all fours. Our leg veins literally have an uphill struggle against gravity to return the used blood to the heart for pumping and lungs for re-oxygenation. Within the leg there are two major types of vein, which are classified according to their location. Those buried deeply in the muscle blocks are called the deep veins, whereas those outside the muscle and nearer to the skin surface are known as the superficial veins. Varicosities develop in the latter type.

Deep veins are compressed by the regular contractions of the muscles when we walk and move about, forcing the blood through the one-way valves along the length of the vessel and back to the heart. The superficial veins do not have this muscle-pumping facility. After time, these superficial veins lose their elasticity and their valves become more inefficient, until eventually the whole vessel loses its tone and its ability to control reverse blood flow. At this point the vein swells – and becomes varicose, by definition. Unfortunately, this

is a cascade system. As one set of valves fails, it gives the next set a greater burden.

These, in turn, fail and the patient begins to notice a lumpy contour to the leg and an unsightly appearance.

This has been the traditional explanation of the aetiology or cause of the problem. The latest theory is the reverse of this. It is now being suggested that the real source is an inherent weakness in the veins themselves. As the weak vein ages, it swells under pressure, and this causes the valve lips to fail to close properly.

Symptoms

The symptoms of varicose veins are the obvious visible ones, namely the distortion and the "bunches of grapes" in really bad cases, but more often the patients will give you the clues by what they say. Their symptoms will be descriptive rather than physical. Patients will tell you of tired heavy legs, aching legs, restless legs, cramp, itching, pins and needles and a generalized "something odd". All of these symptoms should point toward venous incompetence, as it is called.

On looking at the affected limb, you might also see evidence of eczema, ulceration and oedema.

In the later stages of varicose disease, the surrounding skin tissue may become irreversibly discoloured. This colouring can vary from a lightish brown to a really deep blue black. It is thought to be the result of the blood which has seeped out of damaged veins, coagulated under the surface of the skin and pooled.

There is always the possibility of ulceration too. Fortunately, we don't see as many of the elderly walking around the shops with bandages on their shins as we used to. These elderly patients would describe the skin on their shins as being

Continued on page 26 ►

as shiny and thin as tissue paper. With even the slightest knock, the skin would shear off. Other tales would include the description of a varicose ulcer on the ankle which "just would not heal".

One of the more spectacular sights is a ruptured varicose vein around the ankle. Invariably the patient will be out shopping and will notice a wet foot. It's blood! The skin will have broken down and the underlying vessel has burst, or vice versa.

Needless to say, the other shoppers will bring the patient into the nearest pharmacy for first aid. The remedy is simple. Lay the patient down and raise the affected leg above the level of the heart. Then apply gentle pressure while you decide on the next move.

Health messages

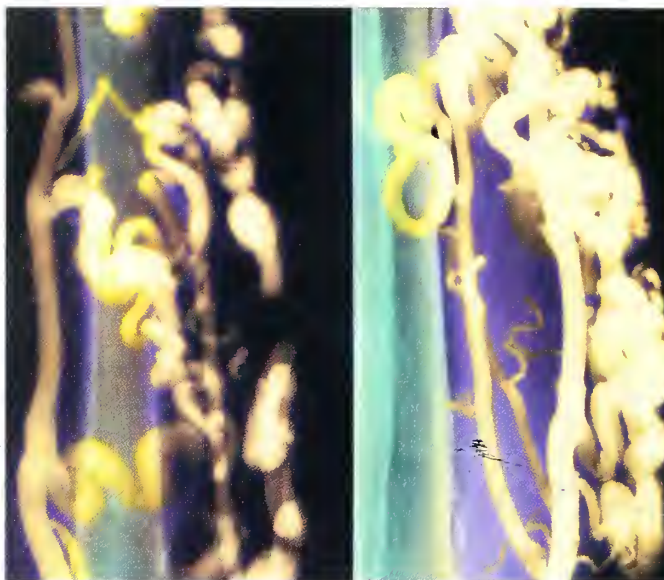
Prevention is better than cure is the best all round advice. Patients should be advised to take regular (and frequent) exercise and walk as much as possible. They should also try to avoid standing in any one position for any length of time, or if they have to do so, develop and practice a programme of inconspicuous foot exercises.

The obvious precaution of avoiding garters is probably time expired nowadays, but it is worth mentioning "or anything which constricts the leg muscles" such as hold-up stockings.

Raising the feet when sitting down in front of the TV in the evening helps to drain any stagnant blood in the calf muscles.

Deep venous thrombosis – DVTs

Contrary to the commonly-held belief that varicose



St Bartholomew's Hospital/Science Photo Library

Coloured angiograms with two views of a leg showing varicose veins in yellow

veins and deep venous thromboses go hand in hand, there is no credible evidence to this effect.

Indeed, from what we already know of the anatomy of the deep veins and their compression by the muscles in walking, it is most unlikely. Nonetheless, your patients will always have this at the backs of their minds. A little reassurance, if necessary, will do the trick.

Treatment

There are two major treatment options. The first is physical, using compression bandages, or more often, elastic stockings coupled with a little counselling. Class 1 stockings are for superficial or early varices and in pregnancy. Class 2 give medium support and are for medium cases and mild oedema. Class 3 are rarely used. They are for really bad cases. You will find that most patients find them too uncomfortable to wear.

Patients at risk should be advised not to stand still for prolonged periods, to lose any excess weight and think seriously about changing their lifestyle to accommodate the time needed for walking. The golden rules are "a little often is better than a feast" or "regular and frequent".

The second treatment option is medical, and that usually means surgical. In the UK our GPs refer 50,000 patients to NHS surgeons for varicose vein procedures each year, and that excludes all the private consultations, which, in these days of cost cutting in the NHS, will become the norm. Once a patient has been referred, the surgeon will make a critical assessment of the anatomy and competence of the veins in the limbs and only then decide on a treatment plan.

The smallest varicose veins will be surgically "tied off" using a procedure called vein ligation. Those veins which are more damaged

will probably require "stripping", which involves the surgeon inserting a small diameter instrument into the vein, removing its entire length.

Rather than cutting out the vessels, the surgeon may decide to collapse the affected blood vessel by injecting the vein with a chemical substance which causes irreversible scarring of the inside of the vein, in a procedure called sclerotherapy. After the injection, the legs are tightly bandaged. The clotted blood in the veins is reabsorbed over time and the swelling subsides.

Some patients will ask about topical treatments. Witch hazel is a traditional astringent. It has been used for generations and is soothing, but is of marginal therapeutic benefit.

Anticoagulant creams contain heparinoids. It is claimed that these help to break down blood clots and bruises.

What really works in the topical field is an emollient. Skin tone and health are important for those with varicose veins. Recommend emollients; also apply them with a good helping of TLC.

Counselling points

- Avoid prolonged periods of standing still
- Get walking!
- Regular and frequent walks are better than marathons
- Constipation makes veins worse. Put your feet up in the evening
- Support stockings work, especially in the early stages
- Avoid crossing the legs while sitting down
- Expect the NHS to de-prioritise varicose vein operations
- Varicose veins are not life threatening, just unsightly
- If you have them, take extra care of the skin around them

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Topical treatment

Muscle and joint pain may be caused by injury, overuse or just one of the hazards of getting older, and many sufferers turn to topical analgesics for relief. **Lesley Keen looks at how topicals work, and when and how they should be used**

Around eight million people in the UK suffer from arthritis. Every year there are roughly 20m sports injuries, and about 60 per cent of all adults suffer back pain.

That all adds up to a huge market for topical analgesics – and most of these sales go through the pharmacy – so it is important to know which topical to recommend for which patient's needs.

Topical treatments have a number of advantages for users. Unlike oral analgesics, which dissolve to release their ingredients into the bloodstream and throughout the body, topical analgesics penetrate through the skin and work mainly at the site of the pain.

As long as patients follow the instructions, these products have a good safety record, causing few side effects, and the act of massaging, rubbing or smoothing the product on to the point of pain is an added benefit.

Topical analgesics fall into three categories:

- cold products
- hot or warming products
- topical NSAIDs

Cold products

These are the first products to use for a sports or sudden injury. They bring rapid relief from the pain and swelling which follows sudden tissue damage, helping to mask pain, reduce swelling and inflammation and bring out bruising.

Treatment should be started as soon as possible after the injury and that is why so many physios run on to the football field to administer the "magic spray" when a player is injured.

Cold treatments may be as straightforward as an ice pack or a packet of peas from the freezer wrapped in a towel and placed at the site of the injury. But ice is not always readily available or convenient to use and it needs to be reapplied frequently during the first 12 hours, making cold sprays

and gels a useful alternative. Sprays are also useful for treating hard-to-reach areas.

Cooling treatments are also available in the form of patches, as glycerine-filled packs which can be refrozen after use or as single-use packs which rely on the mixing of two chemicals for their effect. Many cold products contain menthol.

In conjunction with cold treatments, physiotherapists treating an injury will apply the RICE principle – Rest, Ice, Compression and Elevation. RICE is used as

the initial treatment, even for quite serious injuries.

Rest – taking the weight off the injured area and ceasing to cause any further stress.

Ice – applying a cold product.

Compression – compressing the problem area will help limit swelling.

Elevation – gravity is another weapon in the battle against swelling and the injured area must be kept above the horizontal if gravity is to help drain away the swelling.

The RICE system should be used for the first 48 hours following the accident or injury and then the rehabilitation process can start.

Hot or warming products

Hot products are an effective follow-up to the initial application of cold treatments in cases of injury and they are also effective in easing painful



Jason Benman



Oscar Buttner/Science Photo Library

Warming products can help ease rheumatism, sciatica, lumbago and fibrositis

Topicals checklist

- Recommend cold products immediately after the injury or for new pain.
- Recommend hot or warming products as a follow-up to cold treatments when swelling or inflammation have subsided or to treat conditions such as rheumatic pain, lumbago, sciatica or fibrositis.
- Recommend topical NSAIDs for recurrent pain and inflammation in the muscles or joints such as rheumatic pain, backache and for some sports injuries.

◀ **Continued from page 27**

conditions which develop over time, such as rheumatism, sciatica, lumbago and fibrositis.

Hot products contain a blend of ingredients which, along with a massaging action, provide penetrating warmth, helping to increase the blood supply to the problem area and help promote healing.

Active ingredients in hot products include methyl, ethyl or other esters of salicylic acid, methyl nicotinate, turpentine oil, camphor, menthol and capsicum extract.

Typically, warming products may contain a counter-irritant to provide a tingling, pain-relieving sensation, a warming rubefacient to help dilate blood vessels, re-oxygenate the tissues and relax the muscles, and a natural analgesic which is absorbed through the skin.

Counter-irritants work on the principle of confronting one pain with another and so lowering sensitivity. When they are applied to the skin, they produce a mild, local inflammatory reaction that provides relief from the pain which is usually located beneath the place where the counter-irritant is applied.

Warming products should not be used on broken skin

and patients should not use them in conjunction with heat pads or hot water bottles, as this can increase dramatically the absorption of some ingredients and may lead to adverse reactions.

Topical NSAIDs

Topical NSAIDs (non-steroidal anti-inflammatory) are now widely used and are available with active ingredients including ibuprofen, benzydamine, piroxicam or ketoprofen. The product may be presented in a spray, pump or tube and as gel or mousse, in varying strengths.

The anti-inflammatory ingredient in these products works to inhibit the chemicals which cause pain and inflammation; the NSAID may be combined with a counter-irritant such as menthol for added effect.

Topical NSAIDs are used to treat recurrent pain and

inflammation in the muscles and joints, such as rheumatic pain or backache and are also becoming more and more popular with sports players. The pharmacist may also recommend a topical NSAID for mild arthritis.

Local anaesthetics such as lignocaine or benzocaine may be included in some topical products to produce a numbing effect.

Take precautions

While topical analgesics are generally safe to use if the instructions are followed, patients should be aware of some important guidelines.

Topical analgesics should not be used:

- on broken or inflamed skin
- near the eyes
- if they cause skin irritation

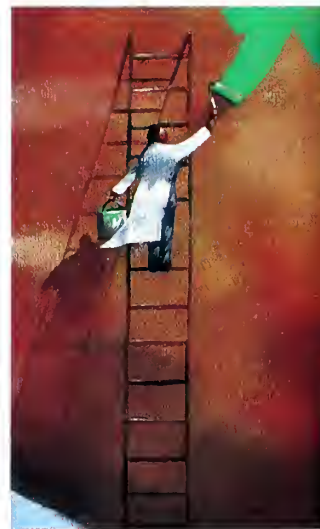
In addition:

- They are generally not suitable for children and it is important to check each pack for details.
- Patients such as asthmatics, who are sensitive to aspirin, may also be sensitive to topical products which contain salicylates or NSAIDs. The same precautions should be taken when selling an oral analgesic with these ingredients.

It is also important to remember that topical analgesics treat the symptoms and not the causes, and anyone suffering severe or persistent pain should be referred to their doctor.

Turn to page 34 to test what you have learned in this feature. The questions are sponsored by:

DEEP HEAT.



DOUBLE WWWHAM-Y



New, **pharmacy only**, double strength (10% ibuprofen) gel.

Product information. Nurofen Gel Maximum Strength: For topical administration containing ibuprofen 10%w/w. **Indications:** For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, rheumatic and muscular pain, sprains, strains, sports injuries and neuralgia. **Dosage:** Adults, the elderly and children over 12 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in 24 hours is four. Wash hands after each application. The gel should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions and Warnings:** Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin. Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis, b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal: abdominal pain, dyspepsia. **Product Licence Number:** PL 10972/0082. **Licence Holder:** Goldshield Group PLC (trading style: Goldshield Pharmaceuticals), NLA Tower, 12-16 Addiscombe Road, Croydon CR0 0XT. **Legal Category:** P. **Price:** MRRP £5.25. **Date of preparation:** June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.



**CROOKES
HEALTHCARE**

Traditional Chinese medicine

As Traditional Chinese Medicine becomes more and more interesting to the West, **Lesley Keen** looks at this holistic and highly developed form of medicine

Traditional Chinese Medicine (TCM) has been practised for many centuries. The first document outlining Chinese medical practice was written between 100-300 BC.

The Inner Classic of the Yellow Emperor describes the diagnosis and treatment of a comprehensive range of health problems, as well as giving advice on incorporating exercise and diet into a healthy lifestyle.

TCM has continued to develop over the centuries and in China today it is used in the state healthcare system alongside the modern medicine more familiar to the West.

A holistic concept

TCM is a view of health and disease which draws on beliefs, philosophy and logic that are very different from those of the West, with its aim to restore harmony of body and mind. It is a truly holistic form of medicine which treats each person as an individual and creates a treatment tailored to that patient's precise needs.

The Register of Chinese Herbal Medicine tells visitors to its website: "Although your practitioner will treat whatever complaint you have come for, the traditional view places great importance on preventative medicine, with the emphasis being on 'the disease that has not happened yet' to diagnose and treat illness before it occurs."

During a consultation, a Chinese medical practitioner will take a detailed history, looking at both the symptoms which are presented and the underlying causes, to establish the nature of the disharmony.

The practitioner will ask many questions and also address physical aspects including the patient's facial complexion, build and posture. He or she will listen to breathing, the patient's speech and any cough



which may be present and also take the pulse.

The treatment follows certain principles:

- Qi and the meridians: TCM believes that each individual has a finite amount of qi (pronounced chi) – a vital force of energy which circulates through channels known as meridians throughout the body. When the qi is depressed, this is thought to lead to disease.

- Yin and yang: the Chinese believe that everything in creation is born from the marriage of yin and yang, the two opposing and complementary principles which regulate bodily systems and cause illness when they are out of harmony.

- The five elements: TCM practitioners deal with five organ networks or centres of the body – liver, heart, spleen, lung and kidney – though these do not correspond exactly with the Western concept of these organs.

How is therapy given?

Today, the practice of TCM has two main strands – Chinese herbal medicine, and acupuncture, with dietary therapy, exercise and lifestyle management forming part

of the overall treatment.

The herbal medicines use various parts of a plant, including flowers, stems and roots, and are frequently brewed as a tea, though they may also be given in other forms.

Once the practitioner has made a diagnosis, a prescription will be made up which may consist of a number of different herbs. It is believed that the careful combination of the correct herbs produces a more powerful and effective medicine than the sum of the individual ingredients.

The Register of Chinese Herbal Medicine says that all forms of ill-health can be treated using TCM, but it is probably best known in the West for its treatment of "skin disease, gynaecology, digestive complaints, respiratory conditions, allergies, disorders of the immune system, pain, psychological problems, children's ailments and addictions".

It is essential that anyone who plans to try TCM should make sure they find a qualified practitioner who uses top quality, well-authenticated herbs.

Always remember that some herbs are very powerful, and not all natural products are safe. The use of aristolochia in unlicensed

medicines was banned in the UK in 1999 following two cases of renal failure after it was mistakenly included in herbal remedies, having been supplied in place of a different herb with a very similar name.

Acupuncture

Acupuncture is one of the best known and most frequently used complementary therapies.

Last year, the British Medical Journal reported that the BMA had gone so far as to call for it to be more widely available on the NHS and for GPs to be trained in some of its techniques.

Traditionally, acupuncture is used to regulate the flow of qi along the main meridians in the body to balance the yin and yang.

As its use has increased in the West, some practitioners have tended to move away from this traditional concept and see acupuncture points as corresponding to features such as nerve junctions.

Western practitioners may refer to "trigger points", which are thought to stimulate the release of endorphins, the body's natural painkillers.

In an acupuncture session, a number of very fine needles will be inserted at various points. They can be stimulated by being twirled manually or by a small electrical current.

According to a report on acupuncture in the British Medical Journal in 1999, the most common complaints found in a survey of acupuncture practice included back pain, arthritis, headache, hay fever, anxiety, fatigue, menstrual disorders and digestive disorders.

Useful contacts:

- The British Medical Acupuncture Society – tel: 01925 730727.

- The British Acupuncture Council – tel: 0208 964 0222.

- The Register of Chinese Herbal Medicine – www.rchm.co.uk

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Window dressing

The window is the first thing customers see when they come to the pharmacy – and first impressions count. **John Kerry** has some tips on achieving an eye-catching window display which will bring in customers and help increase sales

Look at any city department store just before Christmas to appreciate what can be achieved by a professional window-dresser.

Colour, light, shapes and very often movement are all used to attract the passer-by and communicate the good things that can be found in-store.

Big stores employ a team of professional window-dressers to make sure that passers-by do not merely pass by. Their job is to use the window to catch the eye, create interest and persuade people on the pavement to walk through the door.

The windows of any community pharmacy are there to do exactly the same job. Professional window-dressers are used by many pharmacies which take this subject seriously, but of course the majority rely on one or two members of staff with creative abilities.

Schedule

The first essential in window dressing is to have a schedule for the year. If you have two windows, you'll

need two schedules. Make a point of changing each window display once a month and if your pharmacy has a good following for a speciality, for example the Agency skincare range, this would feature regularly. With two or more windows it is always a good idea in pharmacy to have one with OTC medicines or healthcare.

A window-dressing schedule for pharmacy might look something like the box, right, which shows just a few topics that fit the time of year. Others to consider are dentalcare, personal hygiene, healthy eating, footcare, pet care, colds and flu, indigestion remedies, bites and stings, etc. If you think about it, a pharmacy has a great many subjects to use for a window display.

Themes

To make the display more interesting, add a topical theme to the display.

Big sporting events, such as the Olympics, Wimbledon, Cup Finals,

Boat Race, Open Golf etc are popular, as are national or local events such as the local carnival, Royal wedding, Chelsea Flower Show, Motor Show, Bonfire night, Easter and so on.

Themes give you the chance to create a more captivating display, using simple props to fit the occasion.

Planning

Make a plan for each monthly window display.

List the items you'll need for each display under the following headings: Month, Topic, Theme, Products to display, Props, Materials.

For example, if your theme were sore throats your plan may look like this:

- month: February
- topic: sore throats
- theme: soccer
- products: gargles, lozenges, throat sprays
- props: local team scarves, football, match programme,

Seasonal theme suggestions

Month	Topic	Theme
February	Sore throats	Rugby
March	Babycare	Easter
April	Skincare	Cinema
May	Hay fever	Flowers
June	Sun protection	Wimbledon
July	Holiday needs	Flying
August	Film processing	Beach holidays
September	Sports injuries	Football
October	Haircare	Party time
November	Winter warmth	Guy Fawkes
December	Christmas gifts	Christmas

poster, photographs of players or some action shots. With the above items you can make an interesting and topical display that will attract attention.

Light

A window without light looks very dull and grey and will not show your display to its best advantage.

Separate lights for a display are best and several low-voltage spots are the most effective and economical solution. With spotlights you can focus on the key elements in your display, while creating quite dramatic effects.

Colour

A window display needs colour, but every product or group of products will create a colourful impression.

Equip your shop with a selection of colourful materials to do the job, eg off-cuts from fabric retailers are ideal.

Select them in a variety of colours that can be used as backdrops for draping over supports and as a floor for your display.

Supports

A display that is only at one level looks very boring. This

is normally floor or window shelf level and does nothing to make the display attractive. Supports are needed to create a picture that has not only height but depth and width. Several proprietary display props are available for this purpose and they do the job well.

Simple supports can be made using strong cardboard tubes of varying diameters or wood blocks covered in fabric. Each needs to be a different height and size to allow you to display all of the various sizes and shapes of products that will be used for display.

Shape

For the sake of looking good, a window display with shape or one based on a simple shape adds a further dimension to the picture. For instance, the easiest shape to employ is a triangle.

Use small supports on each side of the display and build to the centre with larger supports until you reach the highest point of the triangle with the most important item at the top.

A more adventurous example would incorporate two or three triangles of different heights.

Rules

1. Keep it simple. There are few displays worse than one that looks as if they have just turned out the stockroom.

The theme may be toothpaste, and every make, variant and size is in the window and not only that, they are in dozens. A real turn off for customers. No more than one pack of any brand is necessary.

2. Keep it unified. Too many window displays try to achieve more than one purpose, so instead of a theme such as sore throats or dentalcare, "What we've got inside" is adopted as a theme. In other words, haircare, dentalcare, personal care, household products, all crammed into the window and looking dreadful. No theme at all and no use at all.

3. Keep it clean. Windows should be sparkling clean inside and out. Not only that, but they need to be free of obstructions such as posters and stick-on signs. The mess left after removing a poster stuck on the window with clear adhesive tape seems to stay for months. Temporary signs and posters are best put in one place, preferably the door.

4. Change it frequently.

Don't leave the display in the window for longer than a month. People will soon get tired of it and everything will gather dust.

5. Show the product. Everything is in packs nowadays, so customers tend to buy cartons rather than products. For a display, the product rather than the pack should be shown. This will mean breaking open some sales packs, but the sacrifice is worth it. Bars of soap, tubes of toothpaste, the constituents of either a colorant or perm kit, perfume bottles, cough linctus and spoon, adhesive dressings etc make a better picture than boxes and are after all the items that will be either in the medicine cupboard or bathroom shelf.

Windows are a retail pharmacy's free advertisement. They communicate to passers-by that the shop has products and services of interest. A poor window display or none at all does exactly the opposite. If you follow the suggestions given, you will not become as expert as a big store professional, but you will help to make your windows more attractive and turn the monthly chore into a pleasure.



Murrays Chemist at the Neptune Health Centre, Tipton, West Midlands, a C&D Shop Design Awards winner

Test your knowledge

Our research has shown that OTC readers are keen to update their knowledge and you have already done that by reading the features in this issue. Why not check how much you have learned by taking this simple test?

TOPICAL ANALGESICS

1. Which topical analgesic is used first for an injury such as a sports injury?

- a) a cold product
- b) a hot product
- c) a topical NSAID

2. Which of the following is an acronym for treatment of injuries?

- a) WHEAT
- b) RICE
- c) RYE

3. For which of the following conditions which develop over

time are hot products effective?

- a) stiff, sore, overworked muscles
- b) rheumatism
- c) sciatica and lumbago

4. Warming products often contain a counter-irritant which:

- a) provokes the need to scratch, taking the patient's mind off the problem
- b) causes a less severe pain to help counter a more intense one
- c) stops irritation

5. Topical NSAIDs are used to treat

recurrent pain and inflammation in muscles and joints. The pharmacist may also recommend them for:

- a) mild arthritis
- b) moderate arthritis
- c) severe arthritis

DEEP HEAT

DIABETES

1. One million people in the UK are known to have Type 2 diabetes. How many more are believed to remain undiagnosed?

- a) at least one million
- b) two million
- c) five million

2. Which of the following are symptoms of diabetes?

- a) excessive thirst
- b) weight loss
- c) tingling in hands and feet

3. Diabetes sufferers are at increased risk of:

- a) heart disease
- b) stroke
- c) stomach ulcers

4. Eye damage, which may lead to blindness, occurs in most diabetic patients within how many years of diagnosis?

- a) 10 years
- b) 15 years
- c) 20 years

5. What percentage of diabetic patients can control their condition with lifestyle changes alone?

- a) 10 per cent

- b) 20 per cent
- c) 50 per cent



VARICOSE VEINS



1. How many adults are likely to have evidence of varicose veins or signs of them developing?

- a) one in three
- b) one in five
- c) one in eight

2. People most at risk of developing varicose veins are those who:

- a) stand up all day
- b) sit down all day
- c) exercise strenuously

3. Varicose veins develop in the:

- a) deep veins
- b) superficial veins
- c) both types of vein equally

4. Lifestyle measures to help avoid the problem include:

- a) losing excess weight
- b) walking as much as possible
- c) avoiding standing in one position for too long

5. How many varicose vein sufferers do GPs refer to NHS surgeons each year?

- a) 10,000
- b) 25,000
- c) 50,000

Verity



It never ceases to amaze me how some days run like clockwork in our pharmacy while others are plagued with problems.

Yesterday, my first customer returned some antibiotic capsules that we had dispensed six weeks before. She hadn't used them and wanted a refund.

I explained to her that it wasn't possible to do that. We didn't know what conditions they had been stored in and all returned medicines were destroyed.

Telling me what an awful waste of money she thought this was, she grabbed the box and left the shop.

Some time later, a couple who visit our shop regularly arrived, pushing each other and shouting verbal abuse. Their appearance and mannerisms are very odd

and their personal hygiene leaves a lot to be desired. Waiting customers are very nervous of them, and everyone was very relieved when they left!

Later in the day, a small boy rushed into the shop, grabbed a box of plasters and disappeared into the health centre. I followed him and

there he was with his mum; the missing plasters were on her lap. I told her what had happened and she casually told me she was going to pop over later to sort it out. She handed me the plasters and I haven't seen her since.

Incidents of shoplifting and aggressive behaviour have increased in our pharmacy, so we have recently had CCTV installed. While this has helped us to observe the shop more easily and acts as a deterrent, it is very strange to know that my every move is being monitored. We are already observed regularly by many different agencies, so I was amazed when my pharmacist told me that we may soon be inspected to see if we are checking the exemptions on the back of prescription forms.

We have recently had visits from the pharmacy inspector and the health and safety inspector and, in addition, the company I work for regularly sends mystery shoppers to evaluate our performance at the counter. It amazes me that all this money is spent on monitoring when many pharmacy assistants don't get a decent living wage.

Winter is just around

the corner –
and that can
all too often
mean dry,
chapped and

cracked lips which look ugly and are uncomfortable every time we speak, eat, smile – or kiss!

The Mentholatum Company aims to keep lips looking luscious – and kissable – all year round with its new Softlips lip balms.

Softlips, in three flavours, offers effectiveness along with the sophisticated image and premium feel of a beauty product. It has a non-greasy formula and an attractive slim, white pack. It can be used on its own or under lipstick.

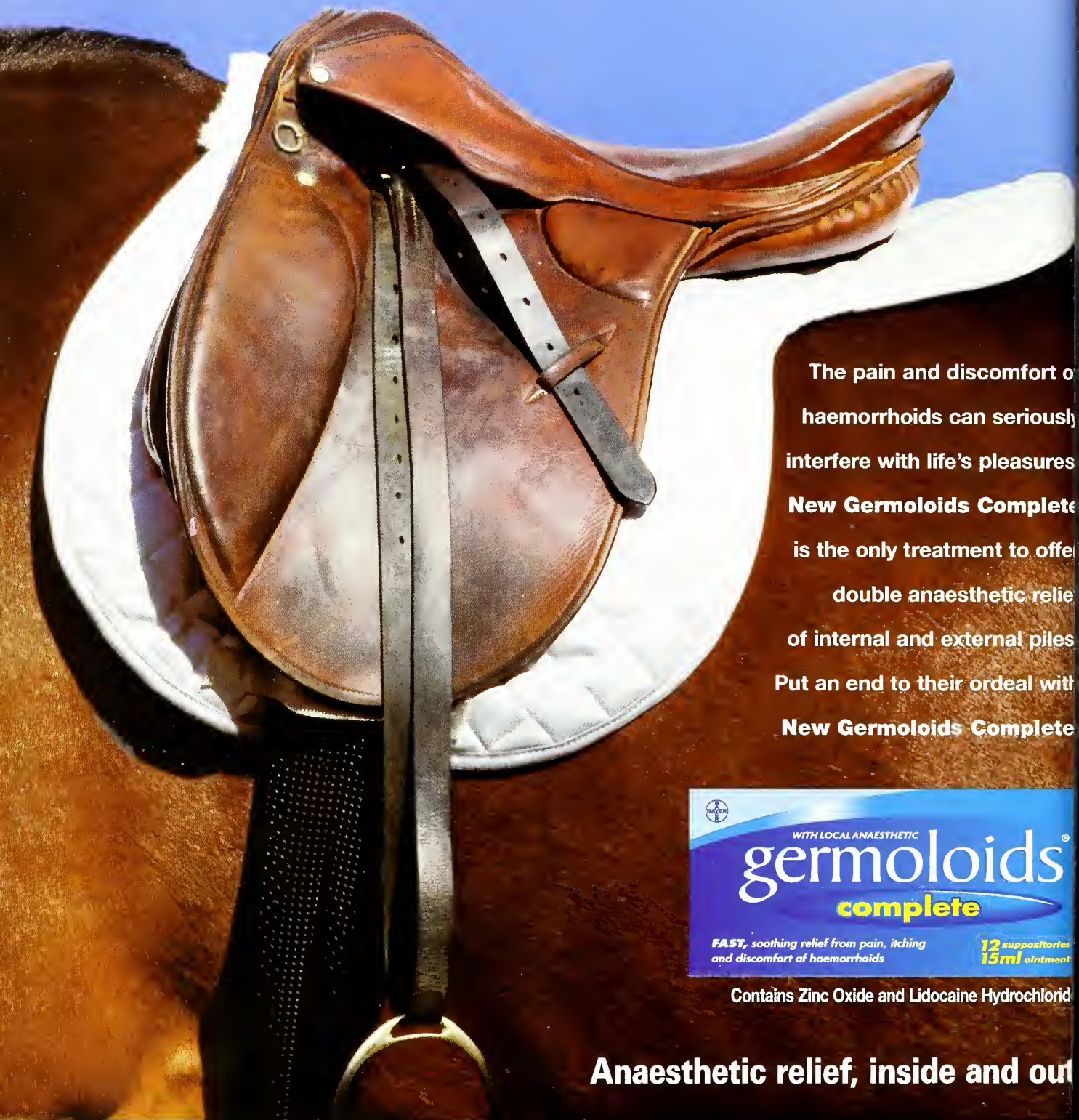
Softlips is being launched in three flavours – French Vanilla, Sparkle Mint and Citrus Lemon. French Vanilla and Sparkle Mint both have an SPF of 20, ideal if you are heading to the ski slopes or the

beach for a little winter sun.

Now OTC readers have the chance to experience the luxurious feel of Softlips for themselves. We have a set of each of the flavours, worth £5.37 for 50 readers. To enter, write your name and address on a postcard or sealed envelope and send it to: OTC/Softlips Offer, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. The closing date for entries is October 31.



Conquer the nightmare of haemorrhoids



The pain and discomfort of haemorrhoids can seriously interfere with life's pleasures. **New Germoloids Complete** is the only treatment to offer double anaesthetic relief of internal and external piles. Put an end to their ordeal with **New Germoloids Complete**.



Contains Zinc Oxide and Lidocaine Hydrochloride

Anaesthetic relief, inside and out

Prescribing Information for Germoloids® Complete (Refer to Summary of Product Characteristics before prescribing)
Presentation Germoloids® Complete
A tube of ointment (15ml) containing 6.6% w/w zinc oxide and 0.7% w/w lidocaine hydrochloride, plus suppositories (12) consisting of 283.5mg zinc oxide and 13.2mg lidocaine hydrochloride.
Indications: Symptomatic

relief of pain, swelling, irritation and itching associated with haemorrhoids (piles) and pruritus ani. **Dosage and administration**
Adults and children over 12: Apply ointment to the affected area at least twice a day, with a minimum of 3 to 4 hours between applications. Do not use more than 4 times in 24 hours. Insert one suppository into the rectum on retiring at night and in the morning. If necessary the suppository may be used

at any time of day with a minimum of 3 to 4 hours between suppositories. Do not use more than 4 suppositories in 24-hours. **Children under 12:** Only as directed by a doctor. **Contra-indications:** Hypersensitivity to ingredients. **Warnings and Precautions:** A doctor should be consulted before taking Germoloids Complete if the patient continually suffers from haemorrhoids, has severe haemorrhoids or experiences excessive

bleeding. **Side effects:** Ointment and suppositories Very rarely increase irritation at site of application. Ointment Rarely rashes, very rarely burning sensation at site of application. Use i **Pregnancy:** Medical advice should be sought. **Cost:** £5.49. **MA number:** PL 0010/0277. **MA holder:** Bayer plc Consumer Care Division, Newbury Berkshire RG14 1JA. **Legal Category:** GS
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